	DINE	- 20		BALTIMORE CIT	HEALTH DEPARTM	IENT				
	BIRTH NO.		10000	CERTIFICA	TE OF DEA	TH REG. NO.	70 10	003		
	1. NAME OF DEC	WES!	EVW.F	ARSONS	2. C	PATE AND HOUR OF DEA	TH/2-	800		
	3. PLACE IN BAL	TIMORE MARYLAND, V	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE	CE (Where deceased lived,)	institution: reside	ence before admission)		
	FULL NAME OF HOSPITAL OR INSTITUTION	IIF NOT IN HOSPIT	AL OR INSTITUTE	ON, GIVE STREET	MD . C. CITY OR TOWN		26-	05		
- !	Gould Convalesarium				BALTIM		NSIDE CITY LIMIT	NO []		
	6116 Belair Rd.				E. STREET AND NUMBER					
ė		Balto. Md.				PANK ST. 7	+21224	•		
2	5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Months Day	Ye If Under 24 Hrs.		
	MALE	WHITE	WIDOWED	DIVORCED	MAR. 31, 18	887 83	3			
5	done during most of	UPATION (Give kind of work working life, even if retired)	OB. KIND OF BU	ISINESS OR INDUSTRY			12. CITIZEN	OF WHAT COUNTRY		
	RET	RED	ELECT	RICIAN	BALTIM			, 5, A.		
	13. FATHER'S NA				14. MOTHER'S MAIL					
2	WE	SLEY W. F	ARSONS		JAN	IE ANDRE	NS			
	(Yes, no or unknown)	Ever in U. S. Armed For	ces?	SOCIAL SECURITY NO.	17. INFORMANT			DDRESS		
	NO.	-	d	17-54-0403	PHILIP W.	PARSONS	5	AME		
5	1B. 43	609		CAUSE OF DEAT	Н	0	BETV	PPROXIMATE INTERVAL		
3		E OR CONDITION DI	RECTLY				0			
	IThis does n	ni mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	achefia	w	ukr		
	injuty of com	oslhenia, etc. Il meons plication which caused	the disease, deoth.)	0		· ·				
	1	ANTECEDENT CAUSES		molhuli	she Sta	han	las			
0	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF	:	J	P-32 /		
2	UNDERLYING	obove couse (A) CONDITION lost,	staling the	(c) Ofener	which Cloten	ischuri				
		11		Francis U	Terror	1. 1. D. 1	_			
	I TO THE DEAT	ICANT CONDITIONS CO	IE TERMINAL	Cambril Str	Buchelyn . Be	Leter A/K Commen	a G	440		
	U 19A-DATE OF	OPERATION 198 CON	T I IA).	CH OPERATION	20A. AUJOPSY? (Ye	es or No. 208. IF YES WEE	E FINDINGS CO	NSIDERED		
0	ER T	WAS PERI	ORMED		n-	IN CERTIFYING	CAUSES OF DEA	TH?		
	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	hame, i	ACE OF INJURY (e.g., i arm, lactory, street, at	n or obout 21 C. WHERE	DID (If in Boltin	nare City, give exc	oct lacotion)		
,	D 21D. YIME	IManth) (Day) (Year)	IHoud 21E IN.	JURY OCCURRED	215 HOW 6	OID INJURY OCCUR?				
	S OF INJURY		While A	Not While	e — (/				
	22 5004164	short (1) (shire benefit	Wark	Al Work	9/1	1 19	/	-/		
	22. I certify that (I) (this inspital) attended the deceased from 19 0 to 10 19 0 that (I) (we) last sow the deceased alive on 10 19 0 ond that in (my) opinion death accurred on the date									
		from the causes stot		(3:4) (4:4-1)			pinion death a	ccurred on the dote		
3	23A. SIGNATU		en anaves (1) (4	e) (did) (222311)-V	lew the body offer	death.	238, DATE SI	GNED		
	Villa	BA	ile /	1 Dlave	nding Med.	Shoff Phys.	10/6	1/2		
	23C. PHYSICIAL NAME ITY	N'S	7	DEGREE	23D. ADDRESS	rnys,	1/3/7	110		
	, Addie III,	ALBERT	B BRAI	NEV	4900 BE	INIP PO Q	nite 1	MA		
	24A. BURIAL CREA			of CEMETERY OF CRE	MATORY	24D LOCATION	City, town, or car	unty)		
	BURI		O, JACK	SONVILLE	CEM.	JACKSONYI	ILE RI			
	25A. DATE REC'B	TOTAL THE OFFICE A	ASB. MANY OF B		25C. FUNERAL DI	RECTOR 6001	L EACT	ADDRESS AUE		
	00179	MIN OFFER	- (6		Johanles		ILTO, 2	1214, MD		

10€

1711 M.

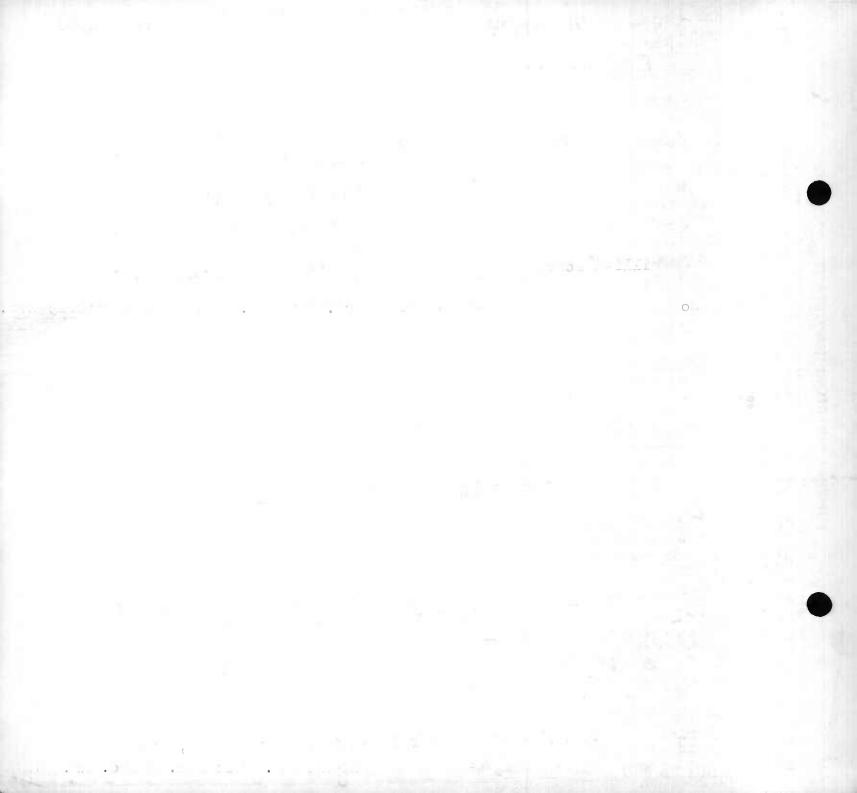
VS 150-REV. 1/1/68

NO

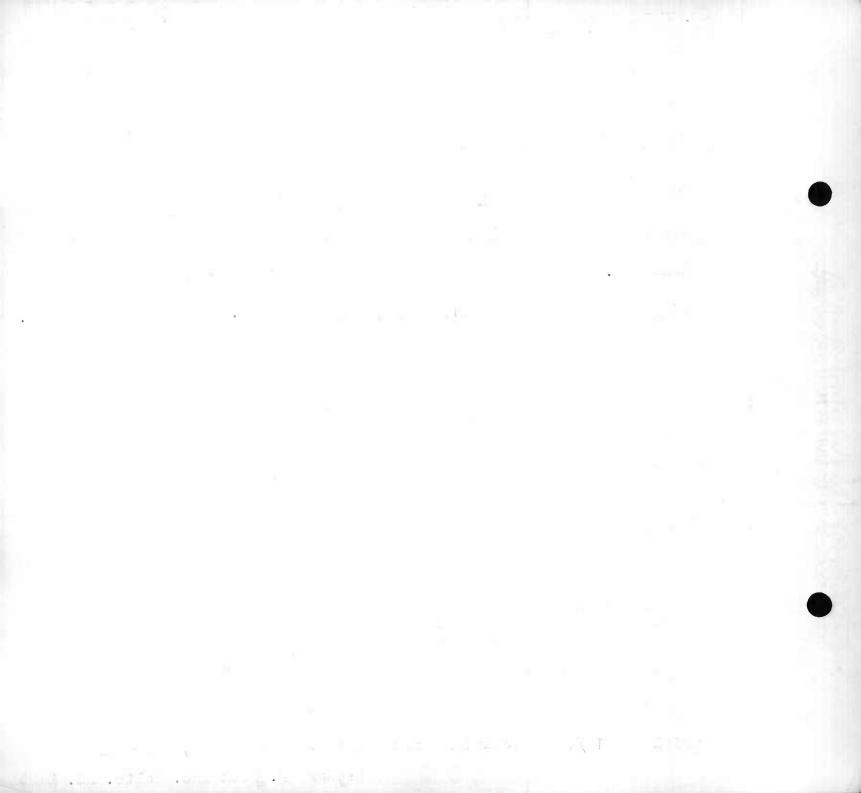
U.S.A

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

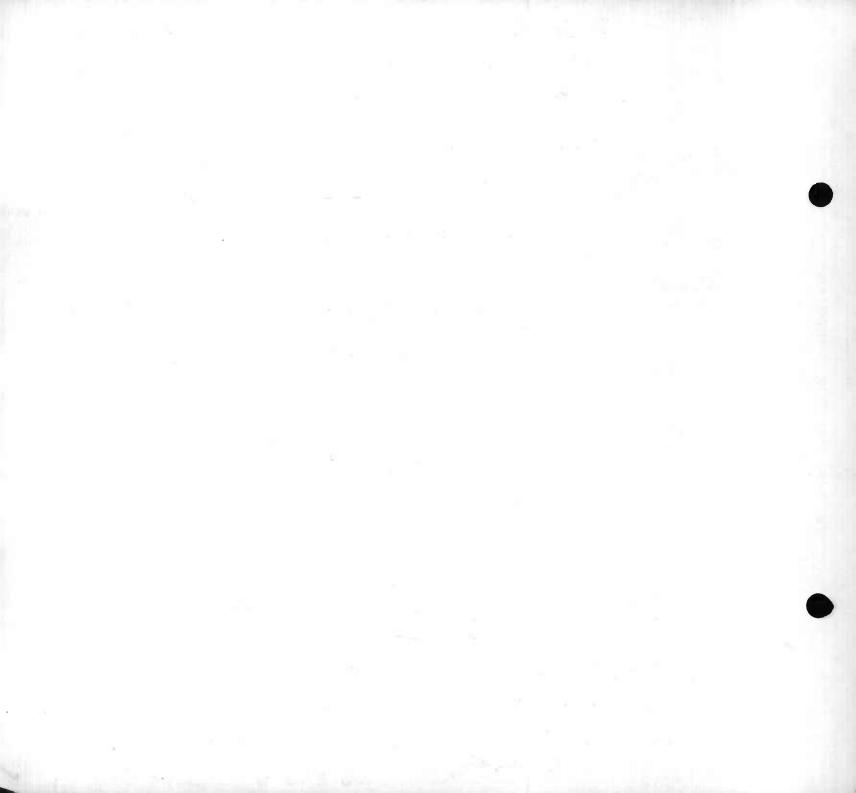


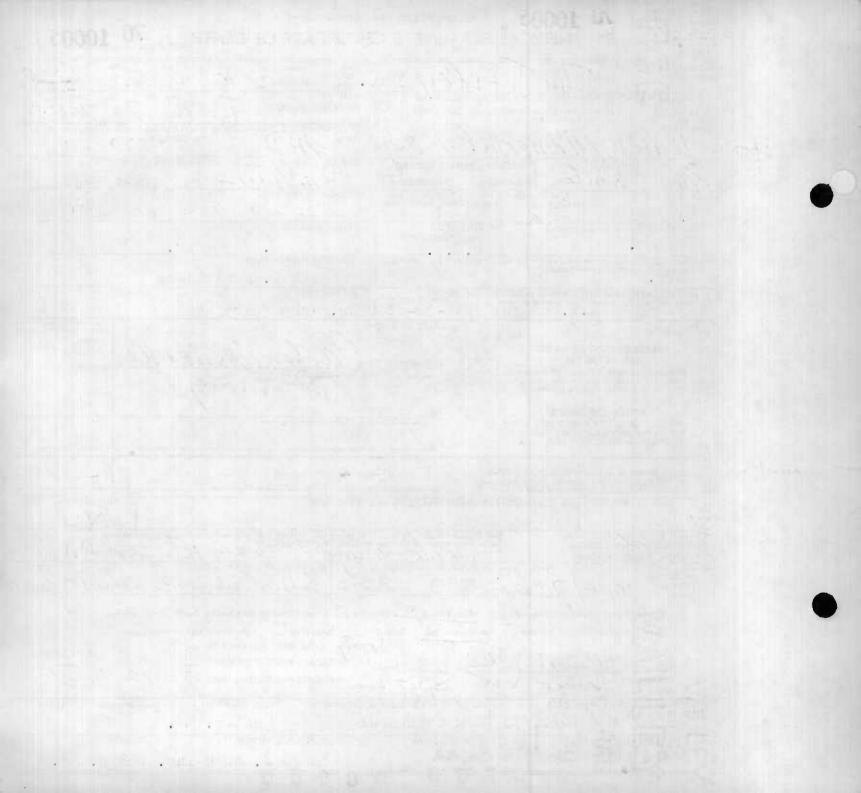
1	(75)	BALTIMORE CITY	HEALTH DEPARTMENT	70	1.0				
	3-350 70 1000	CERTIFICA	TE OF DEATH	REG. NO.	10003				
	NAME OF DECEASED Type or Print) C'2	·	2. DATE AN	D HOUR OF DEATH					
	JEcin, Willia	m Peter	10/9	170	1945 P.				
3	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (When	deceased lived, il institution	residence belore admission)				
- III E	FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Mel.	Balta Co	53-00				
Jt.	611: 211	Mosp	Baltimorp	YES	_				
7	Union Momorial	E. STREET AND NUMBER	and a Rel	1					
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	111 00	P. AGE (In years If Un	der 1 Yr. , if Under 24 Hrs.				
	/// WIDO	WED DIVORCED	9/20/93	ost birthday) 77 Month	Days Hours Min.				
10	DA. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fereig	an country) 12, C	TIZEN OF WHAT COUNTRY?				
	Re Eirel S	alesman	Maryland USA						
113	3 FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E					
	William P. Stein		A Annie	Coblos					
1.5 (Y	. Was Decaused Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor ar dates of serv	1 6. SOCIAL	17. INFORMANT	Geblein	ADDRESS				
	No.				905 A				
1	18.	CAUSE OF DEAT		A. Anderson	Donachie Rd				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			0 11	BETWEEN ONSET AND DEATH				
	(This does not mean the made of dving	(A) IMMEDIATE CAU		Prostate					
	haarl failure, osthenio, etc. It means the dise injury or complication which caused death.)	eose, DUE TO, OR AS	A CONSEQUENCE OF:						
	ANTECEDENT CAUSES		()						
		(B)	Oremia						
1	DISEASES OR CONDITIONS, if ony, gi	the DUE TO, OR AS	A CONSEQUENCE OF:						
1	UNDERLYING CONDITION lost.	(C)	***************************************						
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	10							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT	NG NAL							
10	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yas or Na)	200 15 256 24555 5145					
CERTIFIC	WAS PERFORMED			208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED				
EDICAL O	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (a.g., in hame, farm, factory, streat, off alc.)	or about 21 C. WHERE DID ica bldg., INJURY OCCUR?	(If In Baltimore City, gi	ive exoct lacotion)				
MED	OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?					
<	(APPROX)	While At Not While							
Н	22 L vit d v								
	that (1) (we) last saw the deceased olive	on 10/9	19.70 ond that	In(my) (our) opinion dec	oth occurred on the date				
	and hour and from the couses stated above	e.(I)(We)(IId)(dId not) vi	ew the bady after death.						
	0 0 1	Alten	dian - Mad - c		TE SIGNED				
	Cmar 1. Coulling	MID DEGREE Phys.	ding Med. St.	roff /O	19/40				
	23 C. PHYSICIAN'S NAME (Type)	14.40	3D. ADDRESS		111				
0.	Omar D. Crothers	DEGREE	Union Mon	orial Hose					
247	A. BURIAL CREMATION, 248. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY of CREA	MATORY 24D. LOC	ATION (City, tawn,	or caunty) (State)				
	Burial 10/14/70 L	orraine Park (lemeten: D-7	4.2					
25/	PATE NES DAY HEALTH DONT. Q 25% NA	NE OF REGISTRAR	25C. FUNERAL DIRECTOR	timore, Mary	ADDRESS				
	AALTA BLA ARREST CASTO	2000	Leanand OI To	uck Inc. Dal	+- W- 0404.				
"VS	150-REV. 1/1/6B		Thousand . W	uck Inc. Bal	to. Md. 2121/				



FUNERAL DIRECTOR: IMPORTANT

H-652	70 10004		HEALTH DEPARTMENT OF DEAT	H.	70 <u>1000</u> 4		
1. NAME OF DEC		F. ARMST		TE AND HOUR OF DEATH			
3. PLACE IN BAL	TIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE	tober 9, 19 (Where deceased lived It	institution: residence bel	15 P M	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland c. City or town	D. IN	26-41		
00	4416 B LaSall	e Ave.	Baltimore E. STREET AND NUMBER 4416 LaSa	BER	YES 😾 NO		
5. SEX		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Months Doys Hou	Under 24 Hrs.	
male	caucasian woo	WED DIVORCED	3-27-86	81.	The state of the s	i ivin.	
done during most of SEXTON	200	Vincent Church		·	USA	AT COUNTRY	
	James Armstr		Mary Rey				
5. Was Deceased Yes, no or unknown	Ever In U. S. Armed Forces? Off yes, give wor or dates of serv	icel 16. SOCIAL SECURITY NO. 13 - 01-8630A	17. INFORMANT		ADDRESS		
18. / / /	0 1/1	CAUSE OF DEATH	Mrs. Carr	ie Armstron		Salle	
rise to the	OR CONDITIONS, il any, git above cause (A) slating CONDITION last.	(c)	SAME AT.	0			
< DISEASE OR C	H BUT NOT RELATED TO THE TERMIT ONDITION GIVEN IN PART 1 (A). OPERATION 1998. CONDITION F WAS PERFORMED	or No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE	D			
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, aff	or about 21C. WHERE Dice bidg., INJURY OCCU	ID (If In Boltimo	re City, give exoct location	on)	
21D. TIME OF INJURY (APPROXI	(Month) (Day) (Year) (Hour)	21E INJURY OCCURRED While At Not While Work At Work		INJURY OCCUR?			
22. 1 certify	that (1) (this hospital) attend	ed the deceased fram		1955_toBc	-9	1976	
	lost saw the deceased alive		19 <u>7 %</u> on	d that in (my) (our) opi	nion death accurred		
and hour and	from the couses stated abov	e. (i) (We) (did) (didnot) vi	ew the bady after dec	oth.			
23A. SIGNATU	RE				238. DATE SIGNED		
23C PHYSICIAL	Attending Med. Staff Director Phys.						
NAME (Ty		Haase		Cold Spring	r Inno Pol	1 to 100	
4A. BURIAL CREA	MATION, 248, DATE 4 124	C. NAME of CEMETERY OF CRE	MATORY 24	Cold Spring	ity, town, or county)	(Stote)	
buria		Holy Redeemer	CEMETERY	Baltimor	e, Md.		
OCT 1 3 19	370 Robert E. Jaile	AF OF DEGISTRAD	25C. FUNERAL DIREC		A DD RES		
S 150-REV. 1/1/6	8			The state of the s	TOTO I	-1/4 e	



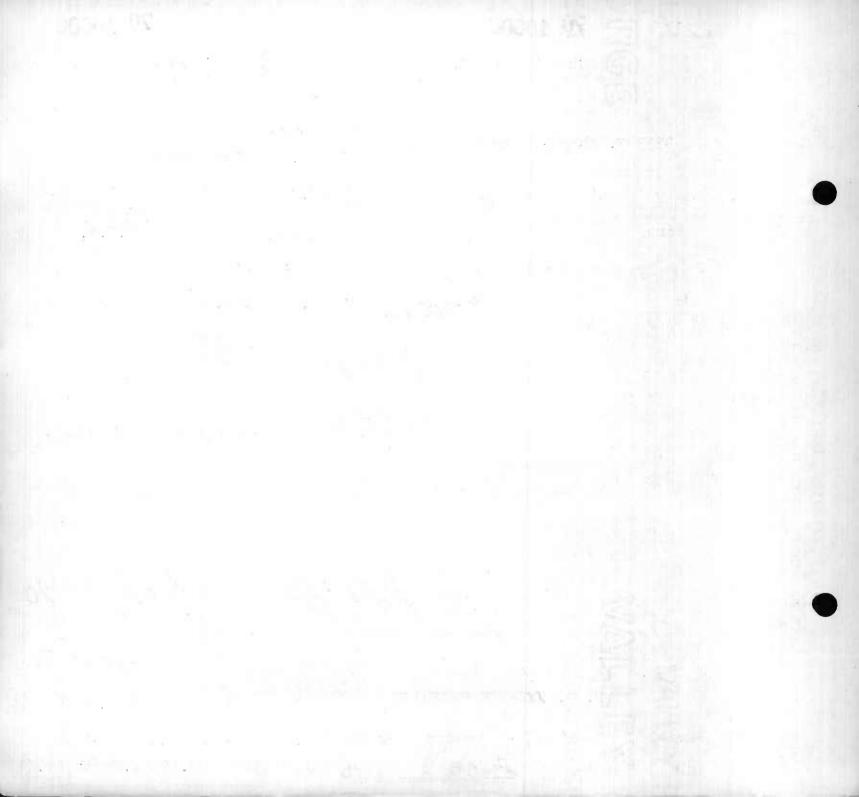


written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/6B

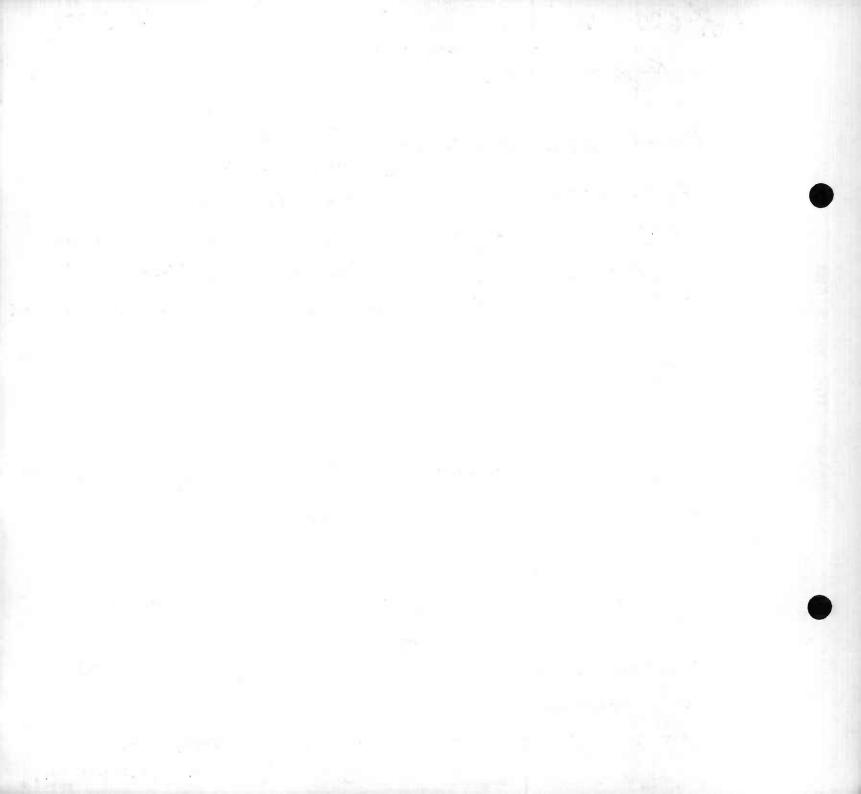
Such

0 /	A		BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO.	70	10000	CERTIFICA	TE OF DEATH	REG. NO	20 10006		
1. NAME OF D (Type or Print)		IREN	E BAYLEY	2. DATE A	Oct 19	70 430Ain.		
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU		institution: residence before odmission)		
FULL NAME O	DE (IE NOT IN HOSI	NTAL OR INS	TITUTION, GIVE STREET	Maryland		12-01		
HOSPITAL OR	ADDRESS OR LO		MIGHON, GIVE SIREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?		
				Baltimore		YES X NO		
0 33.	33 N. Charl	es Sti	reet	E. STREET AND NUMBER				
				3333 N. Ch	arles Stre	et		
5. SEX	6. RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
Female	White	WIDOW	ED X DIVORCED	8/21/1871	99			
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
None during most	of working lite, even if retired	1)		Poltimono		TT C A		
13. FATHER'S N				Baltimore 14. MOTHER'S MAIDEN NA	AME	U.S.A.		
	Drennan Sta			Minna Cro	xall			
15. Was Deceas (Yes, no or unkno	sed Ever in U. S. Armed I wn) (If yes, give war ar d	forces? otes of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS City		
No			220-44-7174	John T. Young	g.Jr.208 H			
1B. 4	10.91		CAUSE OF DEAT			APPROXIMATE INTERVAL		
DISE	ASE OR CONDITION	DIRECTLY	-	711	1/1-	BETWEEN ONSET AND DEATH		
	LEADING TO DEAT		(A) IMMEDIATE CAL	HILLI o Cordect	Lufack	or 3 days		
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or camplication which caused death.)							
1 3 0	ANTECEDENT CAUSES							
DISEASES	OR CONDITIONS, i	any, giv	ng DUE TO, OR AS	A CONSEQUENCE OF:				
	the abave cause (A	a) slating	the /	Tours O. Tee	Cale - Clas	ewler (cos ()		
GNDERLI	ING CONDITION Idsi.		(c)		Carra ov			
O OTHER SIG	II NIFICANT CONDITIONS C	ONITRIBILITIA	C					
E I IO IHE DI	ATH BUT NOT RELATED TO	THE TERMIN						
		ONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or h		FINDINGS CONSIDERED		
19A. DATE	WAS P	ERFORMED			IN CERTIFYING C.	AUSES OF DEATH?		
U 21 A. ACCI	DENT WAS UNDERLYING		21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltime	ore City, give exact location)		
T DEATH (no	tify medical examiner		hame, farm, factory, street, o etc.)	fice bldg., INJURY OCCUR?				
U	(Month) (Doy) (Yes	or) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	LUIRY OCCUR?			
S OF INJURY		117 (11001)	While At T Not While		IJOKI OCCOK	3		
(APPROX.)			Work At Work	1951	X	Det no		
22. I cert	ify that (I) (this haspi	tal) attende	d the deceased from	1/00	19 to	19/0.		
that (1) (v	ve) lost sow the dece	sed alive o	n Ser y	1970 ond t	hot in (my) (our) op	inion deoth occurred on the dote		
and haur	and from the couses s	teted above	(I) (We)-(did) (did not)	iew the body ofter deoth				
23 A. SIGNA		7 11	0	\ A		23B, DATE SIGNED		
V	0191 74	5/1/		nding Med.	Staff	12 Oct 10		
23C. PHYSIC	CIAN'S	you	DEGREE Phy	23D. ADDRESS	Phys.	7209 10		
	WM. G.	MEKRX		5006	Lag. 0	(In 13.14 1.25		
		//	DEGREE		10 course	to the form		
REMOVA	REMATION, 248. DATE 4	240	. NAME of CEMETERY OF CRI	EMATORY 24D.	LOCATION	City, lown, or county) (State)		
Buria:		3/70	Loudon Park	Cemetery	Baltimor	e, Maryland		
2SA. DATE REC	O'D BY HEALTH DEPT.		E OF REGISTRAR	2SC. FUNERAL DIRECTO	O R	ADDRESS		
OCT 1	3 1970 Vaber	E val	WAS O O	STEWARTO& E	JOWEN CO.1	08 W. North Av. (1)		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

	/ 126 100 1000	BALTIMORE CITY	HEALTH DEPARTMENT		70 40000
	70 1000 70 100	CERTIFICA	TE OF DEATH	REG. NO.	70 TOOO?
	NAME OF DECEASED FANN	IE CHRRLOTTE	KRUG 2. DATE AND	HOUR OF DEATH	35
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	doceosed lived. If in	stitution: residence before admission)
Н	JLL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	Baltimore -	Marylan	d 27-14 DE CITY LIMITS?
9	Keswick - 400 W. 40	the Street	BALTIMORE E. STREET AND NUMBER		YES NO
5.	SEX 6. RACE 7. MARD		4611 Dehe		ad-
	Lemale White Widow		8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KINE ne during most of working life, even if retired)		11. BIRTHPLACE (State of foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
L	NONE	NONE	Baltimore	Uld.	115H-
13	THEODORE FRE	DERICK KRUG	14. MOTHER'S MAIDEN NAM		
15.	Was Deceased Ever In U. S. Anned Forces?	LIG. SOCIAL	17. INFORMANT	leive - (EI	LISE WEISE)
(Ye	no or unknown) lif yes, giva war at dotes af service	SECURITY NO.	2	2	ADDRESS
_	18. // 6 / 7	CAUSE OF DEATH	3 reswich	Kerord:	3- U. WENTER INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (This does not mean the mode of dying, e	& weeks			
	heart failure, asthenia, etc. It means the disectinity or camplication which caused death.)	DUE TO, OR AS	CONSEQUENCE OF:		***************************************
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, air	ing DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
	11	0 1	1 10	1 51	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	IG Cerebrovasa	la thrombosis a	with hemiph	in 2 weeks
HCA.	19A. DATE OF OPERATION 19B. CONDITION FO	***************************************	20A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		No	IN CERTIFYING CAU	ISES OF DEATH?
CAL	DEATH (natify medical examined)	218-PLACE OF INJURY (e.g., Ir hame, form, foctory, street, aff etc.)	or obout 21 C. WHERE DID ica bldg., INJURY OCCUR?	(If In Soltimore	City, give exact location)
MEDI	OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
	(APPROX)	While At Work Wark Not While At Work			1 /
	22. I certify that (1) (this hospital) attende	10/0/00	128/50 19	to	19/00 19
	that (9) (we) lost saw the deceased alive o			in (my) (our) opin	ian death occurred an the date
	and haur and fram the causes stated above	·(L) (We) (did) (did not) vi	ew the bady after deoth.		
	Woldeniels V	Mr D, Atter	ding Med. S	off D	23 B. DATE SIGNED
	23 C. PHYSICIAN'S NAME (Type) W. B. DANIELS, JR	2	3D. ADDRESS KETWICK		the CTREET
24		NAME OF CEMETERY OF CRE			STREET
2.40	REMOVAL (Specify)	THE PERSON OF THE PERSON OF THE	12406 600	Allon (Oll)	, town, or county) (Stote)
	REMOVAL (Specify)				
	BURIAL 10/12/70 A DATE REC'D BY HEALTH DEPT. 258, NAM	LOUDON PARK	CEMETERY BA	LTIMORE,	MARYTAND ADDRESS
25/	BURIAL 10/12/70	LOUDON PARK	CEMETERY BA	LTIMORE,	MARYTAND



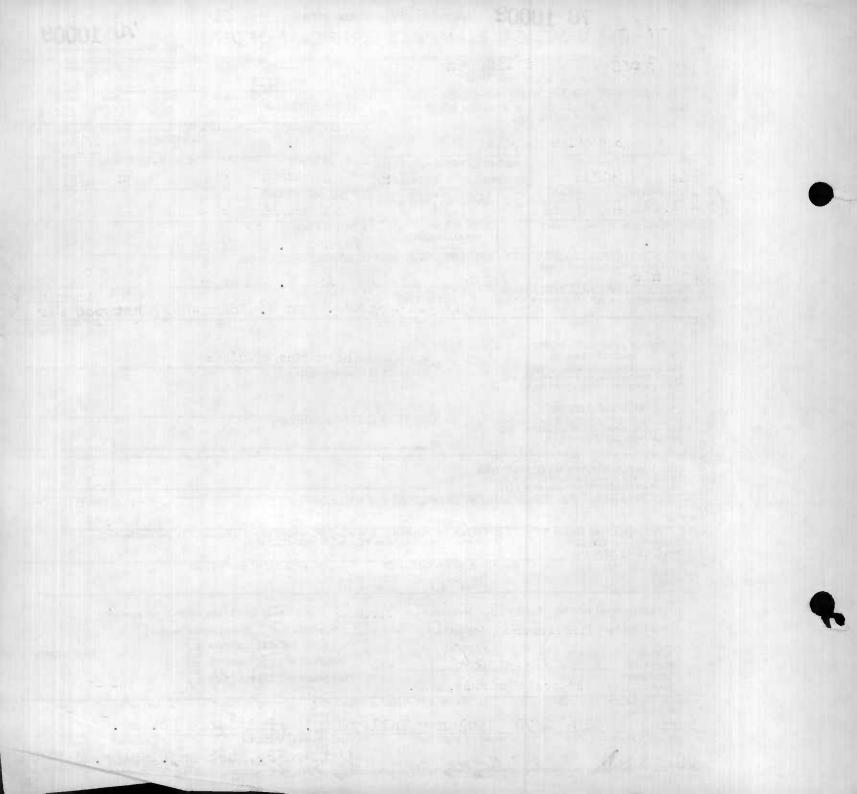
	7-654 RTH NO.	NO TO	800		HEALTH DEPARTMENT	REG. NO	ZQ -	10008
	Pe or Print	Margaret	A. Fra	nz	2. DATE	ND HOUR OF DEATH	270	TI LIA D
3.	PLACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIDENCE (WH	ere deceased lived. If in	nstitution:	residence before admission)
H	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Md	Bal	IDE CITY I	53-00
	90	Harford Ga	ardens	Nursing	Baltimore E. STREET AND NUMBER 3302 Summit	Ave.	YES _	NOX
	F.	6. RACE	7. MARRIED [WIDOWED]	DIVORCED	8. DATE OF BIRTH 7/9/1893	9. AGE (In yours last birthday)	II Unde Months	er 1 Yr. Il Under 24 Hrs. Days Hours Min.
oon	Housev	wife	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for Md.	reign country)	1	ZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	NE .			14. MOTHER'S MAIDEN NA	ME		
		eorge Kelly			Mary	L. Chaill	on	
15. (Ye:	Was Deceased s, no or unknown)	Ever in U.S. Armed Far (If yes, give war ar data	cas? s af sarvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	no				Mrs. Bernard	F. Bull 3	3220	Cedarhurst
	(This does no heart lailure, a injury ar camp	E OR CONDITION DIF EADING TO DEATH Il mean the mode al Isthenia, etc. Il means dication which caused NTECEDENT CAUSES R CONDITIONS, il	dying, e.g., the disease, death.)	(A) MMEDIATE CAU DUE TO, OR AS	clized Arto	isosclerosia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SEVENCY YEARY
	rise la lhe	above cause (A) CONDITION last	slaling the	(c)				######################################
3	TO THE DEATH DISEASE OR CO	CANT CONDITIONS COL BUT NOT RELATED TO THE NOTION GIVEN IN PART	IE TERMINAL	Termos	of Pneumon	۶ ص		4 clays
RTIFIC	19A.DATE OF	WAS PERF	ORMED	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208 IF YES, WERE I	FINDINGS USES OF	CONSIDERED DEATH?
CAL	DEATH (notify n	WAS UNDERLYING DING CAUSE OF		PLACE OF INJURY (e.g., in farm, factory, streat, all	or obout 21 C. WHERE DID	(If In Baltimar	e City, glv	a axact locotion)
WE	(APPROX)	Month) (Doy) (Year)	While		21 F. HOW DID IN	JURY OCCUR?	0 1	
	22. I certify that (I) (Ne) 1	hot (I) (this hospite) ast saw the decease	attended the	deceased from	an 1967	.19ta	nlon dea	th accurred on the date
				(We) (did) (did-not) vi	ew the bady after death.	; (), (),		in decorred on the dole
	23A. SIGNATURI	2 M. 3	emmer	nan Degree Phys.	Med. Director	Staff Phys.	23B DAT	7. 10,70
	23C. PHYSICIAN NAME UT	LDY /1.		erman MD DEGREE	3202 Hart	Erd Rd B	allin	norg Md
-70		ATION, 24B DATE	. 1	ME of CEMETERY of CRE			y, town, a	r county! (Stole)
25A	Buria. 113 197		258 NAME OF		25C. FUNERAL DIRECTOR		- B	ADDRESS
VS 1	50-REV. 1/1/68		المار المعصد	7.0	Reonard J	ruck Balt	0.9	Ma. 21214

7 .

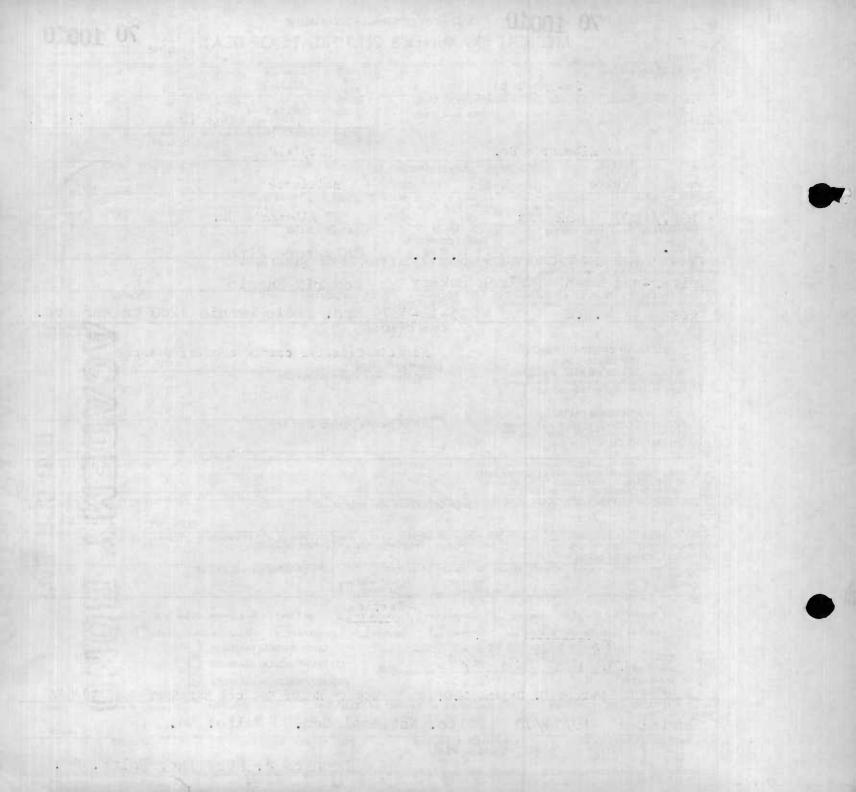
Leonard J., Ruck Inc., Balto Md 21234



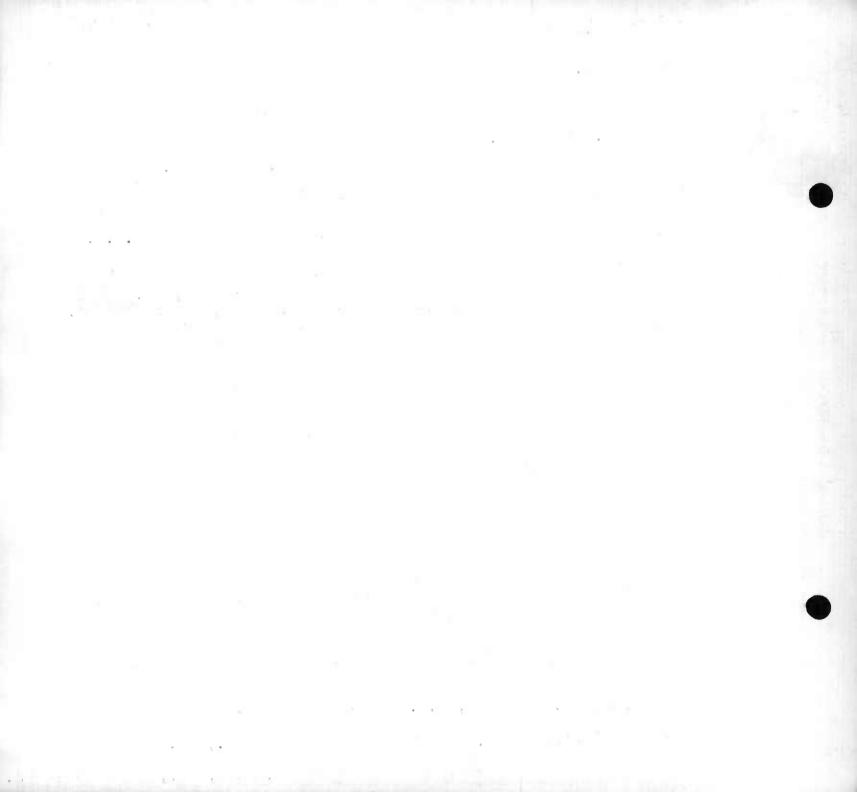
VS 151-REV. 1/1/68



7 300	HEALTH DEPARTMENT	
	CERTIFICATE OF DEATH REG. NO. 70 10010	
BIRTH NO.	NEO; NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known A Month Doy Year Hnur	
Joseph Zito	OF DEATH Estimoted	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission	• M.
// // // // // // // // // // // // //	A. STATE B. COUNTY	1)
48 Albemarle St.	Maryland 3-02	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
male White WIDOWED DIVORCED	Baltimore YES NO NO	
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs.	s. E. STREET AND NUMBER	
10/7/1907 [lost birthdoy) Months, Doys, Hours, Min.	48 Albemarle St.	
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Md . WHAT COUNTRY?	10. PATTER S TARME	
	Salvatore Zito	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	RY 15. MOTHER'S MAIDEN NAME	
Driver-salesman Walman Bakery	Rosaria Maggio	
IA WAS DECEASED EVER IN U.S. ARMED FORCES? 117 SOCIAL	18. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or doles of service) Yes W.W. 2 215-16-087	Mrs. Sadie Dennis 1260 Walker Ave.	
CAUSE OF DEA	BETWEEN ONSET AND S	
DISEASE OR CONDITION DIRECTLY Arteri	iosclerotic cardiovascular disease	
I FADING TO DEATH		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	CAUSE R AS A CONSEQUENCE OF:	
Injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST		
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	MAC DEDECORMED	
()		0)
	Partial	
	., In or about 22C. WHERE DID (If In Boltimare City, give exact location) ice bldg., etc.) INJURY OCCUR?	
UNDERLYING OR CONTRIB- home, form, lactory, street, office uting Cause of Death.	ike blag, etc.) 1143 DK1 OCCOR!	
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
I OF INJURY	of while —	
m. WORK LJ ATV	WORK L.J	1
I certify that I held on Inquiry Inspection Au	rtial _v	
resulted from: Notural couses X Accident Suici	ide Homicide Undetermined manner	
1100 1(1)	CHIEF MEDICAL EXAMINER	
ACTUAL // V D - C - 1	ASSISTANT MEDICAL EXAMINER DATE SIGNED)
SIGNATURE M.C		
	ASSOCIATE MEDICAL EXAMINER	
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY	Deputy Chief Medical Examiner 10/6/70 Y or CREMATORY 24D. LOCATION (City, town, or county) (State)	_
REMOVAL (Specify)		
Burial 10/13/70 Balto. Nati	ional Cem. Balto. Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	_
OCT 13 1970 Valent E. Jackey Mas		
	Leonard J. Ruck Inc, Balto. Md.	
VS 151-REV. 1/1/68		



		BALTIMORE CITY	HEALTH DEPARTMENT		70 4004			
	30 70 1001	1 CERTIFICA	TE OF DEATH	REG. NO	./U 10011			
1. NAME OF DE				NO HOUR OF DEATH				
3. PLACE IN BA	telle M. Smith	ONOUNCED DEAD	10-8	S-70	Institution: residence before admission			
	THE PARTY OF THE P	ONO UNCED DEAD	A. STATE B. COU	NTY	institution; residence before admission			
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Marylar c. CITY OR TOWN	D. IN	SIDE CITY LIMITS?			
	Balto. City Hos	in .	z Baltimor	·e	YES NO			
21	and the state of t	Ρ•	E. STREET AND NUMBER					
01			522 So.	Lehigh St				
F F	Caucasian wido	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yis If Under 24 Hrs Months Doys Hours Min.			
OA. USUAL OCC	UPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign countryl	12. CITIZEN OF WHAT COUNTR			
House	working life, even if refired)		Managara and					
13. FATHER'S NA			Maryland 14. MOTHER'S MAIDEN NA	145	UlS.A.			
Toha	n Berg			ME				
	0		Mary					
Yes, na or unknown	d Ever in U. S. Armed Forces?	ice) 6. SOCIAL	17. INFORMANT Reis	terstown.	Md. 21136			
No		215-60-4781	Robert C. S	mith. 220	Fidyman Dd			
18. 25	0.71	CAUSE OF DEATH		8= - 1 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT			
DISEA	BETWEEN ONSET AND DEAT							
	LEADING TO DEATH	(A)IMMEDIATE CAU	Nascular	م من لم حدود الم				
lihis does	nal mean the mode of dying, asthenia, etc. It means the disc	C.C. OHE TO OR AS	A CONSEQUENCE OF:	-4				
injury or cor	nplication which caused death.)	1054,	A cost	welli	4165			
	ANTECEDENT CAUSES		V Lacette	1 1000000	~~			
DISEASES	OR CONDITIONS, il any, gi	A CONSEQUENCE OF:		************				
inse to the above cause (A) stating the			- Jumes	suprou'				
UNDERLYING CONDITION last. (C)								
z	11							
E ITO THE DEA	FICANT CONDITIONS CONTRIBUTI TH BUT NOT RELATED TO THE TERMI	NG NAL						
	ONDITION GIVEN IN PART 1 (A). FOPERATION 198 CONDITION I	OR WHICH OPERATION	120A Augusty N	1 000	***************************************			
19A. DATE OF	WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED			
21A. ACCIDE	NT WAS LINDERLYING	218 BLACE OF INCHES	at about 21 C. WHERE DID					
DEATH (natify	NT WAS UNDERLYING UTING CAUSE OF medical examined	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)	ice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)			
21D.TIME	(Manthl (Doyl (Yearl (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
(APPROXI		While At Not While						
	Work L At Work L							
	tha (1) this hospital) attend		******************************	19 47 to	October 8 1970			
	last saw the deceased allve			at in (my) (aur) api	nian death accurred an the dat			
and hour an	d from the causes stated abov	(I) (We) (did) (did nat) vi	ew the bady after death.					
23A. SIGNATI	JRE	20			23 B, DATE SIGNED			
Zan	and a Tlange	Physic	Med.	Staff Phys.	10/9/70.			
23C.PHYSICIA	IN'S	DEGREE	3D. ADDRESS	rnys. —	1 11170.			
NAME (1								
AA. RURIAL CRE	Edward A. Flan	ilgan, M.D. DEGREE	3501 Fait A					
	Specify!	C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (C	ity, town, or countyl (Statel			
Buria	1 10-12-70	Mt. Olivet	Ba	alto., Md.				
5A. DATE REC'D	BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
OCT 131	1970 Robert E. Fall	en Ato 1 1 1	Leanand O	Buck Inc	,5305 Harford R			
S 150-REV. 1/1/	69		The Strata B.	would Till .	M DATOLOR COCCE			



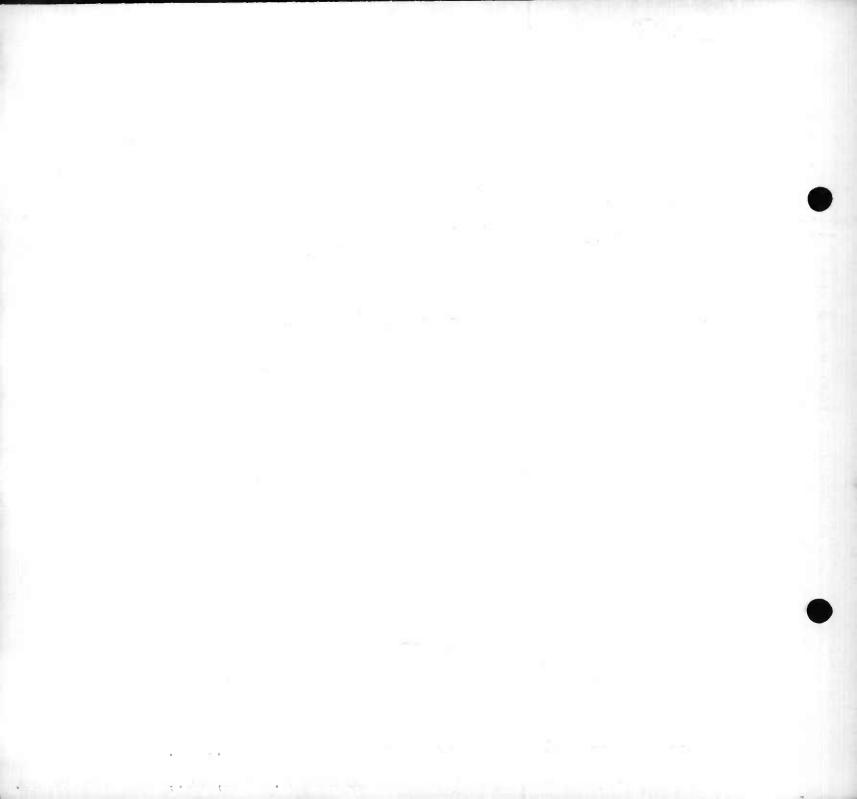
D-256 70 1001	BALTIMORE CITY	HEALTH DEPARTMENT		70 40042
BIRTH NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	REG. NO	TOUTE
(Type or Print) DIGENNARO.	XXXXXXX Anna	2. DATE AT	TO . 10	7 * /com a l a d
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE			e deceased lived If in	3: 45A M Assistance before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN HOSPITAL OR INSTITUTION	NSTITUTION, GIVE STREET	Mary And		27-68
South BAltimore Gen	eral Hospital	BATTIMO. E. STREET AND NUMBER		YES NO NO
5. SEX 6. RACE 7. 44.40		8, DATE OF BIRTH	er Clop T	1d
Fem. white wido	RIED NEVER MARRIED DIVORCED DIVORCED	7/16/96.	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or fore	gn country!	12. CITIZEN OF WHAT COUNTR
Housewife		Md.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	Lando	lino/
Hygust Susdi		a cual	- //	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or doles of serv	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	// /AAA	ADDRESS
no	214-01-2446	August Di Ge	ennaro sam	е
18. / 74- X I	CAUSE OF DEAT	1	+,	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0		BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Lila Daga	om Irolian	
This does not mean the mode of dying,	0.0.	CONSEQUENCE OF:	2000000	
heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)	ose,	0		
ANTECEDENT CAUSES	Mai	2 00000	P. M.	
DISEASES OR CONDITIONS, if any, gi	iving (B) DUE TO, OR AS	A CONSEQUENCE OF:	KT. ASTE	CTOMY
nso to the obove couse (A) stoling	th.			
UNDERLYING CONDITION last.	(c) CAN	CER Breast		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING TO THE PROPERTY OF THE PRO	NG NAI			
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
WAS PERFORMED	0 0	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
21A ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g. In	No .		
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, off	ice bldg. INJURY OCCUR?	(If In Boltimore	City, give exect lecotion)
Death inolity medical exemined				
21D-TIME (Month) (Doy) (Yeor (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
IAPPROX.)	While At Work At Work			
22. I certify that (I) (this hospital) attend		129/70 . 1	0 00 101	8/2- 10
that (1) (we) last sow the deceased office	n 1018/20 10:45	h 14	710	e + 70
			t in(my) (our) opin	ian deoth occurred an the date
and haur and fram the causes stoted abov	e. (I) (We) (dld) (dld nat) vi	ew the bady ofter death.		
A . A	M.D . Atter	ding Med.		238. DATE SIGNED
My Land	DEGREE Phys.	ding Med. Director	Staff Phys.	10/8/70.
23C. PHYSICIAN'S NAME (Typo)	- 12	3D. ADDRESS		
LAYE NEWE.	M.D.			
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City	y, town, or county! (Stote)
	New Cathedral		to. Md.	,
	ME OF REGISTRAR	2SC, FUNERAL DIRECTOR		ADDRESS
OCT 13 1970 Robert E. 36	art ses o		ook The	ADDRESS Md
Ta MA A Annoche C' 40	ACCOUNTS ()	Legnand J. R	HOK THE.	aruo. Mu.



M-246 70 10018	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	70 10018
DIKIN NO.	CERTIFICA	TE OF DEATH	REO. 110	1000
1. NAME OF DECEASED (Type or Print) Alice E. McE)			ID HOUR OF DEATH	
Alice McE		10	0-6-70	
MARTLAND, WHERE PR	DNOUNCED DEAD	A. STATE B. COUN	re doceased lived. If in	nstitution: residence before admission
FULL NAME OF UF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md.		8-31
HOSPITAL OR ADDRESS OR LOCATION!		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
2226 Pelham Ave		Baltimore		YES NO
00	•	E. STREET AND NUMBER	2226 Pelh	
Female White Whov	WED DIVORCED	March 1,1885	9. AGE (In years lost birthday) 85	Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work IOB. KING done during mod of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IStole or forei Marylan		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	47	
	ox,	MOINER'S MAIDEN NAM		et Klein
15. Was Deceased Ever in U. S. Armed Forces? IYes, no or unknown! [If yes, give war or dotes of serving.]	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		D Mrs. Margue	rite Puli	gnani (Same)
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart foilure, asthenia, etc. If means the diseinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give is the abave cause (A) stating UNDERLYING CONDITION tast.	(B) arteno	A CONSEQUENCE OF:	hemorrhag o vasulyr	2-3 yrs
	voca, g			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 17B- CONDITION FOR WAS PERFORMED WAS PERFORMED 17B- CONDITION FOR WAS PERFORMED 1	AL	***************************************	***************************************	
19A DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CONTRACT	218. PLACE OF INJURY (e.g., in home, form, fociory, street, olf elc.)	or obout 21 C. WHERE DID	(II In Boltimore	e City, give exact locotion)
E IAPPROXI	21E INJURY OCCURRED While At Work Work At Work	21F. HOW DID INJU	JRY OCCUR?	
	ALONE	-	10	
22. I certify that (I) (this hospital) attende that (I) (we) last saw the deceased alive a	the deceased from 9/29		ot in (my) (wor) opin	19 7 0
and haur and from the causes stoted abave	2. (1) (We) (with) (did not) vi	ew the bady ofter death.		
23A. SIGNATURE				238, DATE SIGNED
Theodor S/January	Atten	ding Med.	Staff Phys.	1
23C. PHYSICIAN'S NAME (Typel	DEGREE	3D. ADDRESS	Phys. L.J	Oct 9,1970
Theodore Grazi	ano M D	1651 P D	1	
Theodore Grazia	NAME of CEMETERY OF CRE	1654 E. Be		
Burial 10/10/70	New Cathedral		Baltimor	e, Md.
CT 13 1970 Paber E. Jaber	AE OE REGISTRAR	Leonand J. J	Ruck, Inc.,	ADDRESS 5305 Harford Ro
/S 150-REV. 1/1/68				



1 - 16-2 /11 40014	Y HEALTH DEPARTMENT 70 10014
INAME OF DECEASED	ATE OF DEATH REG. NO.
(Type or Print) Spinoso, VINCENT J.	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Laryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
The Union Hemorial Hospital	Baltimore YES NO D
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
male white WIDOWED DIVORCED	07 - 21 - 88 Car Months Days Hours Min.
done during most of working life, even if retired!	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
None Ret. Self Employed	Italy United States
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Spinoso	Unknown
15. Was Deceased Ever in U. S. Armed Faices? (Yas,no or unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Uxkwown - 217-32-8523	Mrs Man S: 205 Will N. O. II W.
CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease.	A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, il ony, giving DUE 10, OR AS	reinour of G.T. Tract Metastases 1 year A CONSEQUENCE OF:
rise la lhe above cause (A) stating the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:
- II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199-LOADE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	stive Heart Failure 2 years.
198- CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF hame, form, foctory, street, of DEATH (notify medical axominar)	ar about 21 C. WHERE DID.
21D-TIME (Month) (Day) (Yeor) (Hour) 21E INJURY OCCURRED While At The Not While	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	'
22. I certify that (1) (this hospital) attended the deceased from	9-18-70 1970 10 81 1970
that (1) (we) last saw the deceased alive on 10 / B	19 TO and that In (my) (our) opinion death occurred on the date
ond haur and from the couses stated obove. (1) (We) (did) (did)	The state of the s
23A. SIGNATURE	23B, DATE SIGNED
Phys	nding Med. Stoff Phys. D 10 8 70
23C.PHYSICIAN'S NAME (Type)	The Union Memorial Hospital
24A. BURIAL CREMATION, 24B. DATE 24C NAME OF CRAFTERY OF CREE	
Burial 19-12-70 Holy Redeemer	totales
25A. DATE SECTO BY HEALTH DERT. 25B. NAME OF REGISTRAR OCT 13 1970 Update E. Jacobs A.D.	Balto., Md.
V\$ 150-REV. 1/1/68	Leonard J. Ruck, Inc., 5305 Harford Rd.



-	Tulco	BAI	TIMORE CITY	HEALTH DEPARTM	ENT	70	10015	
BI	RTH NO. 70 16	onis CE	RTIFICA	TE OF DEA	TH REG	. No		
1.	NAME OF DECEASED	MILEO		2.0	ATE AND HOUR OF	E DEATH		
		SYLOR					N O6,50 D.	
3.	PLACE IN BALTIMORE MARYLAND,	WHERE PRONOUNCED DE	AD	4. USUAL RESIDENCE	E (Where deceased	lived. Il Institutio	n: residence before odmission)	
H	JLL NAME OF (IF NOT IN HOSP OSPITAL OR ADDRESS OR LOC	TTAL OR INSTITUTION, GIV	E STREET	CCITY OR TOWN	& dus	D. INSIDE CIT	15-11 Y LIMPES?	
	Sinai Hospi	TAL INC.		BALTI		YES		
	42			E. STREET AND NUM	WARAS	N.	0	
5.	SEX 6. RACE	7. 440000 50000		8. DATE OF BIRTH			ENNE	
	C		MARRIED	o. DATE OF BIKIN	9. AGE (in y	rears II U	nder 1 Yr Il Under 24 Hrs. ths: Days Haurs Min.	
10/	USUAL OCCUPATION (Give kind of wo		IVORCED	9-28-28	42			
dor	ne during mast of working life, even it retired)	INT KIND OF BOSINESS	OK INDUSTRY	11. BIRTHPLACE (State	ar lareign countryl	12, 0	CITIZEN OF WHAT COUNTRY	
13.	HOUSEWIFE FATHER'S NAME				AND		U.S. A.	
	John SCARbo	ugh		-ANNA	DURRAN	It		
15. (Ye	Was Deceased Ever in U. S. Armed Fo s, na or unknown) (II yes, give war or da	orces? tes of service) 1 6. SOCIA SECUR	ITY NO.	17. INFORMANT			ADDRESS	
	Po	217-2	2.9099	JOSEPH 1	AULOR.	SAME	and the second s	
	18. 400191		SE OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION D	1				0 -	t the second	
	IThis does not mean the made a hear laiture, asthenia, etc. It mean injury or camplication which cause	I dying, e.g., (A)!	DUE TO, OR AS A	CONSEQUENCE OF:	2012 temp	w tam	16 30,	
	ANTECEDENT CAUSE	c	1161		11 .0===			
	DISEASES OR CONDITIONS, il any, giving (B) HALLONALT TYPERTENSION 2 WERK DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the above cause IA) UNDERLYING CONDITION last.	stating the (C)	C480		2007 to	ZITHUE	20 YEAR	
z	11							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL	MILLER	OUBRY	EDROLL		2 3AYS	
ERTIFI		RFORMED	RATION	20 A. AUTOPSY? (Yes	IN CERTIFY	NERE FINDING	GS CONSIDERED F DEATH?	
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21& PLACE OF home, farm, foc	INJURY (e.g., in tary, street, offi	ar about 21 C. WHERE INJURY OCC	DID (II Ir UR?	Baltimare City,	give exact location)	
MEDI	21 D. TIME (Manth! (Day) (Year)	(Hour 21E INJURY O	CCURRED	21F. HOW D	ID INJURY OCCUR	?		
>	(APPROX.)	While At Work	Not While At Work					
	22. I certify that (I) (this hospital) attended the deceased from 10 8 70 19 70 to 19 70							
	that (1) (we) last sow the deceas		0/70	100			eath accurred an the date	
	and hour and from the couses sta	ited abave. (1) (We) (did) (dld not) vl					
	23A. SIGNATURE		=			23 B, D	ATE SIGNED	
	22C BHYCICIANIA	riz	DEGREE Phys.	Director	Staff Phys.	10	05/01/0	
	23C. PHYSICIAM'S NAME (Type)		23	D. ADDRESS	11	•		
24A	BURIAL CREMATION, 248. DATE	24C. NAME OF CEA	DEGREE COEA	SCNU	i 40	28/1271	- INC.	
	BEAADMAL OF TAX	ITAMINATE OF COM	PERSONAL PROPERTY.	INIVEL 2	24D. LOCATION	(City, town	(State) (State)	

23C. PHYSICIANS
NAME (Type)

24A. BURIAL CREMATION, 24B. DATE

24C. NAME al CEMETERY of CREMATORY

24D. LOCATION

(City, town, at cauntyl (State)

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR U. R. BALLU ADDRESS

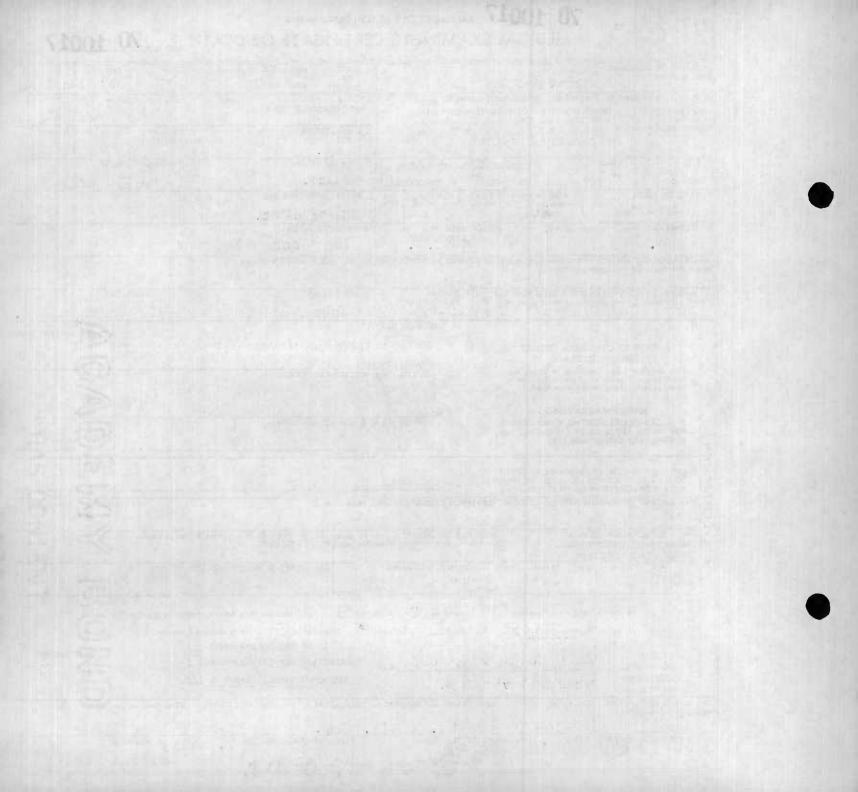
VS 150-REV, 1/1/68



1.3	70 10016 CEPTIEIC	TATE OF DEATH REG. NO. 20 10016		
BI	G-530 70 10016 BALTIMORE C	CATE OF DEATH		
	Type or Print JEANETTE Jones Gantt	2. DATE AND HOUR OF DEATH		
3.	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			
		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before ode A. STATE B. COUNTY		
FI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 14-03		
IN	NSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?		
	PROVIDENT HOSPITAL	E. STREET AND NUMBER VES VINO		
	39			
5.	SEX 6. RACE 7	1824 Mc Cullah		
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED NIVER NI			
10/	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST			
do	one during most of working life, even if retired)			
10		VIRGINIA U.S.		
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	John Jones	Lelia		
15. (Ye	wos Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dates of service) 1 6. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS		
	118. / 2 4 X I CAUSE OF DEA	8 MARCELLUS JONES 346 BEAUMON		
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTE		
	LEADING TO DEATH	CAUSE PLILMONARY THROMBOSKS		
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	AS A CONSEQUENCE OF:		
	injury or camplication which caused death.)			
		†		
	ANTECEDENT CAUSES P.I.	LMONARY METASTASIS		
	ANTECEDENT CAUSES P.I.	AS A CONSEQUENCE OF:		
	ANTECEDENT CAUSES P.I.	AS A CONSEQUENCE OF: APRIL CARCINOMA BREACT (B)		
	ANTECEDENT CAUSES P.I.	AS A CONSEQUENCE OF: MARY CARCINOMA BREACT B		
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) staling the UNDERLYING CONDITION tast. (C)	AS A CONSEQUENCE OF: WARY CARCINOMA, BRENCT B		
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	AS A CONSEQUENCE OF: HARY CARCINOMA, BRENCT B		
IFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	AS A CONSEQUENCE OF: WARY CARCINOMA BREALT (B) 20A.AUTOPSY2 (Yes of No.) 20B. F YES. WERE FINDINGS CONSIDERED		
ERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	AS A CONSEQUENCE OF: 14 RY CARCINOMA BRENT ®		
CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.)	AS A CONSEQUENCE OF: 14 PLY CARCINOMA BRENT B 20A-AUTOPSY? (Yes of No.) 10 CERTIFYING CAUSES OF DEATH?		
CAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nse to the above cause (A) staling the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE OF: 14 PY CARCINOMA BRENT B 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
CAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE OF: APRY CARCINOMA BRENT B 20A.AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Sp. in or about 21C, WHERE DID (II in Baltimore City, give exoct location) 21F. HOW DID INJURY OCCUR?		
DICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nse to the above cause (A) staling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19S. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING 60R CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Not Willed PROXID	AS A CONSEQUENCE OF: APRY CARCINOMA BRENT B 20A. AUTOPSY? (Yes or No) NO IN CERTIFYING CAUSES OF DEATH? While Causes of Death (If in Bullimore City, give exect location) 21F. HOW DID INJURY OCCUR?		
MEDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nse to the above cause (A) staling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not William Work At Work	AS A CONSEQUENCE OF: APRILINGTHA BRENT 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21F. HOW DID INJURY OCCUR?		
MEDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) staling the UNDERLYING CONDITION last. COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g. or contributing Cause of DEATH (notify medical examines) 21D. TIME (Month) (Day) (Yeer) (Hour) 21E. INJURY OCCURRED While At Not William At Work At	AS A CONSEQUENCE OF: 14 Py CARCINOMA BRENT ® 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?		
MEDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION [ast.] OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or of the contributing cause of CAUSE OF CONTRIBUTING CAUSE OF CAU	AS A CONSEQUENCE OF: 14 Py CARCINOMA BRENT © 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21F. HOW DID INJURY OCCUR? 10 10 10 10 10 10 10 1		
MEDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION [ast.] OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not William (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an 10/17 and haur and fram the causes stated above. (1) (We) (did) (did not)	AS A CONSEQUENCE OF: 14 Py CARCINOMA BRENT © 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21F. HOW DID INJURY OCCUR? 10 10 10 10 10 10 10 1		
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving nse to the above cause (A) staling the UNDERLYING CONDITION last. COLUMN (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 12B. PLACE OF INJURY (e.g. home, farm, factory, street, etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not W. Work At Work 22. I certify that (I) (this hospital) attended the deceased from and haur and fram the causes stated abave. (I) (We) (did) (did not) 23A. SIGNATURE	AS A CONSEQUENCE OF: APY CARCINOMA BRENT B 20A.AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No		
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving nse to the above cause (A) staling the UNDERLYING CONDITION last. COLLEGE OF CONDITION (C). COLLEGE OF CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). COLLEGE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examines) CONTRIBUTING CAUSE OF DEATH (notify medical examines) CONTRIBUTION (Day) (Year) (Hous) 21E. INJURY OCCURRED While At Work At Work At Work CONTRIBUTION (APPROX.) CONTRIBUTION (Day) (Year) (Hous) 21E. INJURY OCCURRED While At Work A	AS A CONSEQUENCE OF: APY CARCINOMA BRENT B 20A.AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No		
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g. OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Yeer) (Hour) 21E. INJURY OCCURRED White At Not Will work Not	AS A CONSEQUENCE OF: APY CAPCINOTAL BRENT BOTTON		
MEDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION [ast.] OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not Wind Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an 10/17 and haur and fram the causes stated above. (i) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DESTD ERGO L. HEBREN TR	AS A CONSEQUENCE OF: APY CAPCINOTAL BRENT BOLLIT B		
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) staling the UNDERLYING CONDITION last. COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19S. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g. or contributing Cause of DEATH (notify medical examines) 21D. TIME (Month) (Day) (Yeer) (Hour) 21E INJURY OCCURRED While At Not Will (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from and haur and fram the causes stated abave. (1) (We) (did) (did not) 23A. SIGNATURE A. BURIAL CREMATION, [24B. DATE 124C. NAME of CRARTERY as C.	AS A CONSEQUENCE OF: APY CARCINOMA BRENT		
MEDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) staling the UNDERLYING CONDITION last. COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19FB. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g. or contributing Cause of Death (notify medical examines) 21D. TIME (Month) (Day) (Yeer) (Hour) 21E. INJURY OCCURRED While At Not Will (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DEST DEFICE L. HEBREN SR, A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	AS A CONSEQUENCE OF: WARY CARCINOMA BRENT ® 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23B. DATE SIGNED IN COMPANY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OCCURS OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OCCURS OF COUNTY		
MEDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) staling the UNDERLYING CONDITION last. COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19FB. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing cause of deta) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing cause of deta) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing cause of deta) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contribution contribution cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contribution contribution cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contribution cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contribution cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contribution cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contribution cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contribution cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contribution cause of cet.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contribu	AS A CONSEQUENCE OF: WARY CARCINOMA BRENT ® 20A.AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A.AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 223B. DATE SIGNED 23B. DATE SIGN		
MEDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) staling the UNDERLYING CONDITION last. COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19FB. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g. or contributing Cause of Death (notify medical examines) 21D. TIME (Month) (Day) (Yeer) (Hour) 21E. INJURY OCCURRED While At Not Will (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DEST DEFICE L. HEBREN SR, A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	AS A CONSEQUENCE OF: WARY CARCINOMA BRENT ® 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23B. DATE SIGNED IN COMPANY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OCCURS OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OCCURS OF COUNTY		



W-355 70 1001 BALTIMORE CITY I									
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. N	70 40017							
BIRTH NC.	REG. N	10.							
1. NAME OF DECEASED (Type or Print)	2. DATE Known A Manth Day	Year Hour							
Nathan Watkins	DEATH Estimoted 10 11	70 12:45 p _M							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 10 11	70 12:45 p _M							
University Hospital	5. USUAL RESIDENCE (Where deceased lived. If Institute A. STATE Md.								
6. SEX 7. RACE B. MARRIED NEVER MARRIED		E CITY LIMITS?							
male Negro WIDOWED DIVORCED	Balto.	YES No							
9. DATE OF BIRTH 10. AGE (In years # Under Yr. If Under 24 Hr	s. E. STREET AND NUMBER	TES CO NO CO							
6-21-26 last birthday) Months Doys Hours Mi	624 Bake r St.								
t1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME								
Md WHAT COUNTRY?	Harrison Watkins								
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST									
done during mast of working life, even lifretired)	Fannie Harris								
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT	ADDRESS							
(Yes, no of unknown) (If yes, give war or doles of service) SECURITY NO.	76 Josephine Watkins 37	503							
10/19/45*5/11/40 220-12-12		12 Towanda Ave							
1 96 1 06		BETWEEN ONSET AND DEAT							
DISEASE OR CONDITION DIRECTLY Hyper	tensive cardiovascular diseas	e							
(A)IMMEDIATE	CAUSE								
heart foilure, osthenio, etc. It means the disease.	R AS A CONSEQUENCE OF:								
injury of complication which coused dealin.)	injury or complication which coused death.)								
ANTECEDENT CAUSES (B)									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									
UNDERLYING CONDITION LAST									
(c)									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V									
DISEASE OR CONDITION GIVEN IN PART 1 (A).									
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	NAS PERFORMED	21. AUTOPSY? (Yes or No)							
O		no							
Z2A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.	in or about 22C. WHERE DID (If in Baltimore City, give	exact location)							
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH	., In or obout 22C. WHERE DID (If in Baltimore City, give ice bldg., etc.) INJURY OCCUR?	exact rocalion,							
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?								
OF INTITRY	OT WHILE								
(APPROX.) WHILE AT NO AT	WORK								
l certify that I held an Ingstry Inspection XX A	. 🗖								
. //									
resulted from: Natural causes XX Accident Suic	ide Homicide Undetermined manne	er 🗌							
ACTUAL TO STATE	CHIEF MEDICAL EXAMINER	DATE CLOVED							
SIGNATURE MAN PULLED MAN	ASSISTANT MEDICAL EXAMINER	DATE SIGNED							
EXAMINER'S NAME (Type) Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	10/12/70							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, to	own, or county) (State)							
Burial 10-14-70 Balto. Nat	1. Cem. Baltimore,	Marvland							
25A DATE REC'D BY HEALTH DEPT 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V. Bailey	ADDRESS							
and In Will report of damper 150									
all and the second seco	La L	lhoun Street							

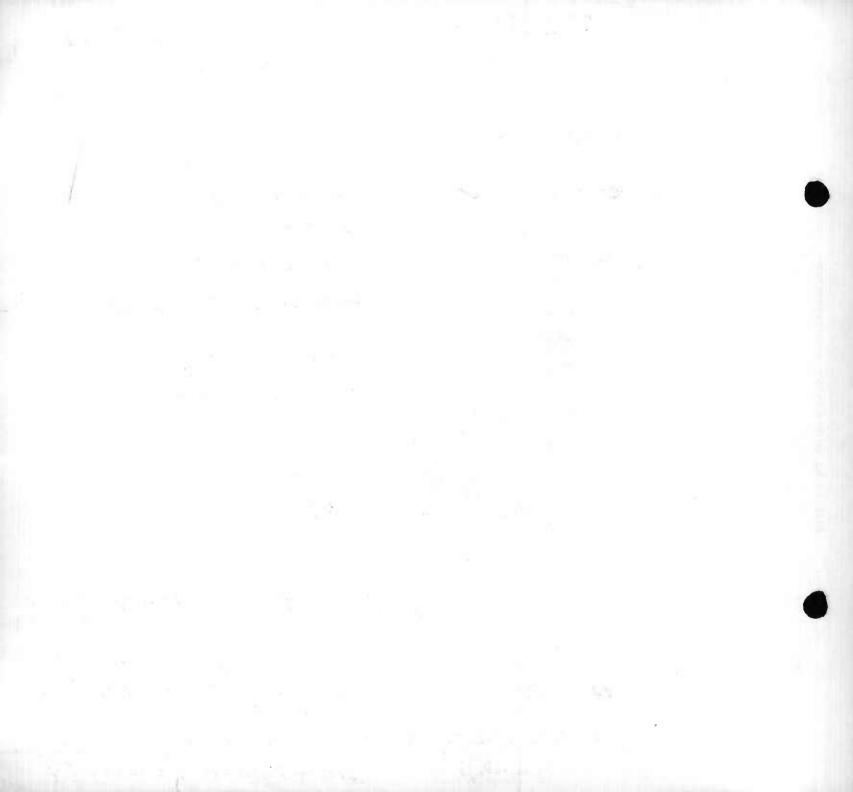


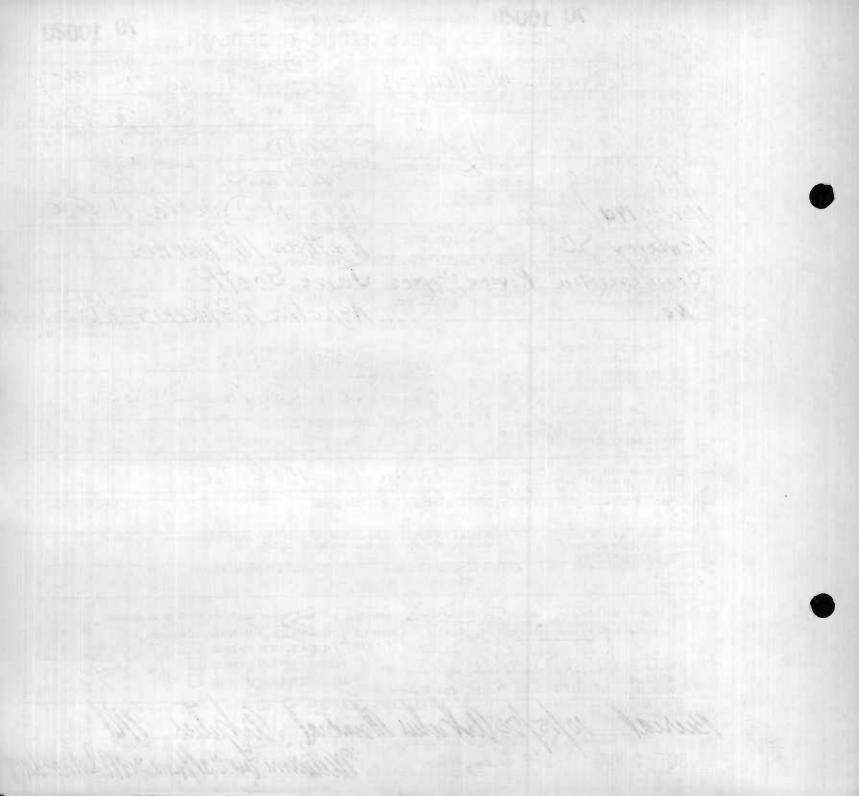
(1)-116	-17		HEALTH DEPARTMENT	7/	0 10018			
BIRTH NO.	70 11	0018 CERTIFICA	TE OF DEATH	Registered Na.	o indre			
M.E. CASE NO.	CEASED		2. DATE AND	HOUR OF DEATH				
(Type or Print)		NITTITANG	Oct (7070				
	EATH IN BALTIMORE, MA	WILLIAMS	4. USUAL RESIDENCE (Where	9, 1970	titution: residence before admission)			
			A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL odd give township) Baltimore D. STREET ADDRESS (If rurol, give locotion)					
FULL NAME HOSPITAL OR INSTITUTION	OF flf not in hospital oddress or location	or institution, give street						
00	1339 W. Nort	th Ave.						
0			1339 W. North Ave.					
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	los		If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.			
Male	Negro	Married TOB, KIND OF BUSINESS OR INDUSTRY	Jan. 12,1914	56				
	f working life, even if retired)	IOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?			
Labore:			Georgia					
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME					
Thomas	Williams Sr	C •	Katherine					
es, no or unknow	d Ever in U. S. Armed Fore	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No	,, 5	SECORITI NO.	Mma Alice Carl	## 1750	O Dowlar Area			
18. / /		CAUSE O	Mrs. Alice Gri	SETH TAO				
160	2, / 1		CINOMATOS		ONSET AND DEATH			
DISEA	SE OR CONDITION DIR				5/19/2			
	LEADING TO DEATH	(A)O	F LUNG	2	0////			
	not mean the mode of	dying, e.g., DUE TO						
	hearl failure, asthenio, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES	DUE TO						
	OR CONDITIONS, if	ony, giving						
	he obove couse (A)	sloting fhe (C)						
ONDERLIN	TO CONDITION 10SI.							
OTHER SIGN	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OF	CONDITION CAUSING I		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OTHER SIGN TO THE I DISEASE OF	WAS PERF	DITION FOR WHICH OPERATION FORMED						
OR CONTRIB	ENT WAS UNDERLYING DEUTING CAUSE OF y medical examiner	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fNJURY OCCUR?	flf in Boltimore	City, give exact location)			
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?				
OF INJURY	7	While At Not Whil						
(APPROX)		Work At Work						
22. L carrif	v that (1) (this haspital) attended the deceased from	10-6 - 101	69 to 18	1-9-1070			
	2 10 20							
that (we) last saw the decease	d alive an	19 and that	in (my) (aur) apin	ian death accurred an the da			
and haur ar	nd haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.							
	3A SIGNATURE 238, DATE SIGNED							
Lich	and Ty		s. Director Ph	off ys.	10-12-70			
PHYSICI NAME (Type) Richard F		936 W. North	Avenue				
4A. BURIAL CR		24C. NAME of CEMETERY OF CRE			y, town, or county) (State)			
REMOVAL								
Burial	D BY HEALTH DEPT.	70 Mt Calvary Cen 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Arundel	Cty., Md.			
OCT 1 3 1	970 Valent E.	raben MR 10 0 0	Wm COMancho	928 E. No	orth Ave.			

BELLEVI

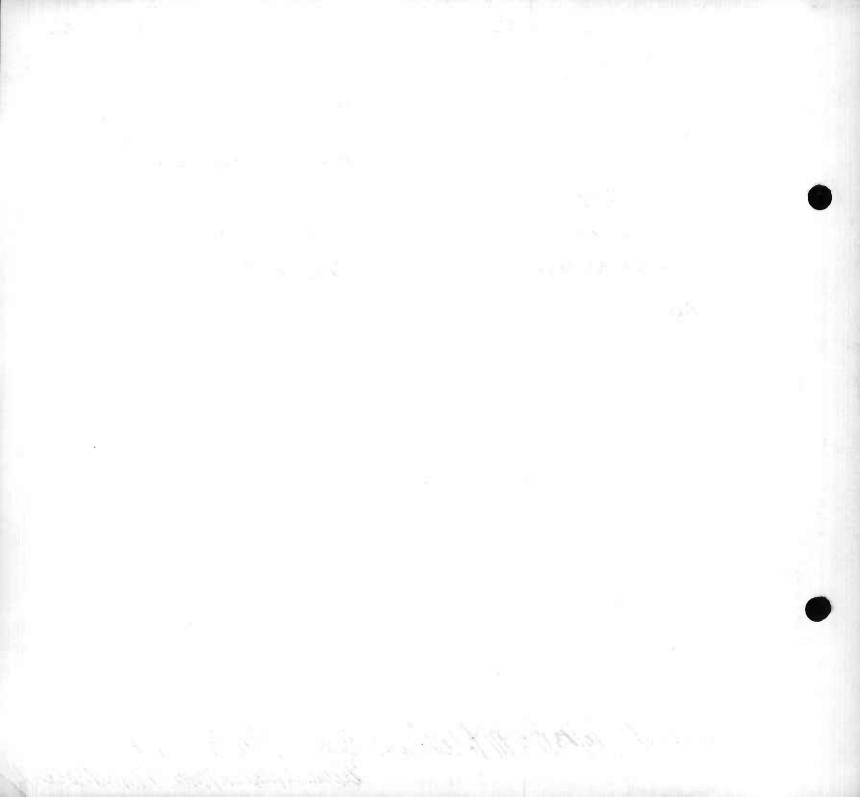
Total Comment of Science Comment

VS 150-REV. 1/1/68

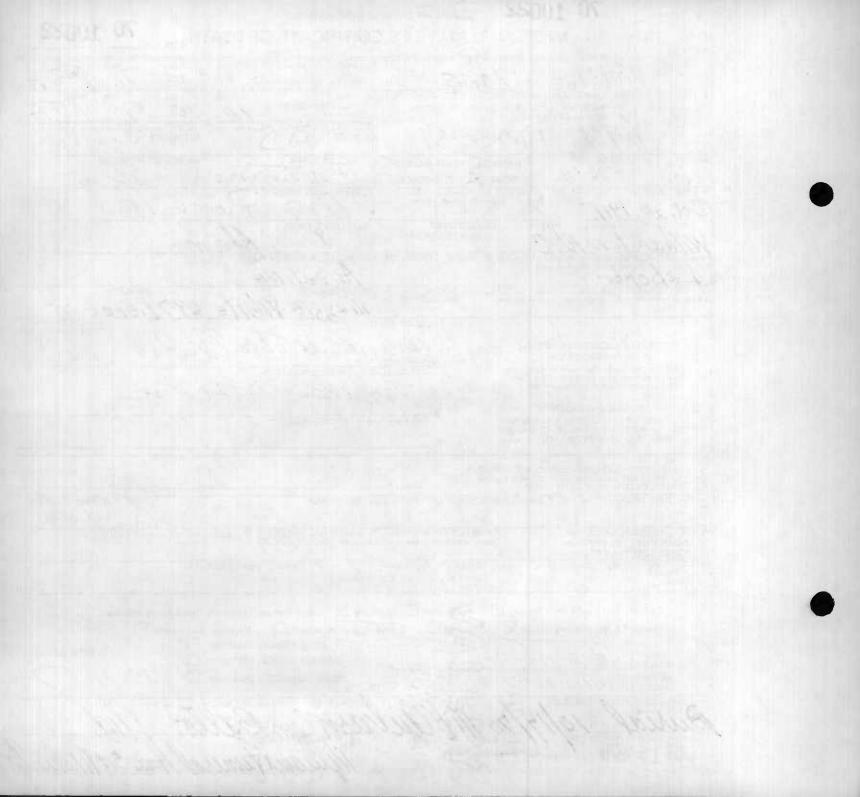




4	V-50 (70 10021	BALTIMORE CI	TY HEALTH DEPARTMENT		- ma
	Y-506 70 10021	CERTIFICA	ATE OF DEATH	REG. NO	70 10021
1. t	NAME OF DECEASED YPE OF Print) PAYNE, SARA	HF.	2. DATE ANI	HOUR OF DEATH	1771 350
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If	institutions residence before a
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ION, GIVE STREET	MD. BA	LTIMO.	NE 18-61
IN	WALV. OF MARYLAN		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	3 0		BALTIMON E. STREET AND NUMBER		YES NO
	38		819 W	SARA	TOGK ST
	WIDOWED X		6/10/91	AGE (In years	Months Days Hours
don	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BI	USINESS OR INDUSTR	14.14	•	12. CITIZEN OF WHAT
101	HOUSEWIFE		MANYLAN	VO	454
13.	FATHER'S NAME WINK INO WIN		14. MOTHER'S MAIDEN NAM		
15		- coci-i	NELLIE	PULL	FASON
(Yes	s, no at unknown) (If yes, give wor or dates af service)	SECURITY NO.	17. INFORMANT		ADDRESS
	118.	115-01-296			
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA		,	APPROXIMATE IN
	LEADING TO DEATH	(A) IMMEDIATE CA	PULMONAN) USE AR	REST	5 M.
	(This does not mean the mode of dying, e.g., heart laiture, osthenio, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	**********	
	injury or complication which coused death.)	CAUIT	ATING CA	ARCINO!	AT ATO
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving	(B)	OF THE	CUNG	6 MO
	rise to the above cause (A) stating the		A CONSEQUENCE OF		
	UNDERLYING CONDITION last.	(c)	***************************************		
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
<	DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************************			
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes of No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING 21B. PL. OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?		re City, give exact location)
-	OR CONTRIBUTING CAUSE OF home,	form, foctory, street, c	ffice bldg. INJURY OCCUR?	pr in parinno	Atte exect to collou)
				_	
CAL	21D-TIME (Month! (Doy) (Year! (Hour) 21E IN	JURY OCCURRED		RY OCCUR?	
DICAL	21D. TIME (Monthi (Doy) (Yeorl (Hour) 21E IN OF INJURY (APPROX.) While Work	At Not Whi	21F. HOW DID INJU	RY OCCUR?	
MEDICAL	OF INJURY (APPROX.) While Work	At Work	21 F. HOW DID INJUI		C7 /0 10
MEDICAL	OF INJURY (APPROX.) While Work 22. I certify that (this haspital) attended the	At Not Whi At Work	21F. HOW DID INJU	20 to 0	
MEDICAL	While Work 22. I certify that (1) (this haspital) attended the atthat (1) (we) last saw the deceased alive an	A! Not Whi At Work deceased from	21F. HOW DID INJU	20 to 0	
MEDICAL	OF INJURY (IAPPROXI) While Work 22. I certify that (1) (this haspital) attended the attended (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Al Not Whith At Work deceased from	21 F. HOW DID INJUI	In (my) (our) opi	nlan death occurred an 1
MEDICAL	OF INJURY (IAPPROXI) While Work 22. I certify that (1) (this haspital) attended the attended (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Al Not Whith At Work deceased from	21 F. HOW DID INJUI	20 to 0	nian death occurred an t
MEDICAL	OF INJURY (APPROXI While Work 22. I certify that (1) (this haspital) attended the attended (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Al Not Whit At Work deceased from	21F. HOW DID INJUI	In (my) (our) opi	238 DATE SIGNED
MEDICAL	OF INJURY (APPROXI 22. I certify that (1) (this haspital) attended the that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (1) 23A. SIGNATURE Danus Allow 23C. PHYSICIAN'S NAME (Type) AMES ALLAN	Al Not Whith At Work deceased from	21 F. HOW DID INJUI	In (my) (toos) apl	238 DATE SIGNED
MEDICAL	OF INJURY (APPROXI While Work 22. I certify that (1) (this haspital) attended the of that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Al Not Whit At Work deceased from CT	21F. HOW DID INJUI	In (my) (toos) apl	238, DATE SIGNED
MEDICAL	OF INJURY (APPROXI While Work 22. I certify that (1) (this haspital) attended the attended (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Al Not Whit At Work deceased from CT	21F. HOW DID INJUI	In (my) (toos) apl	238, DATE SIGNED

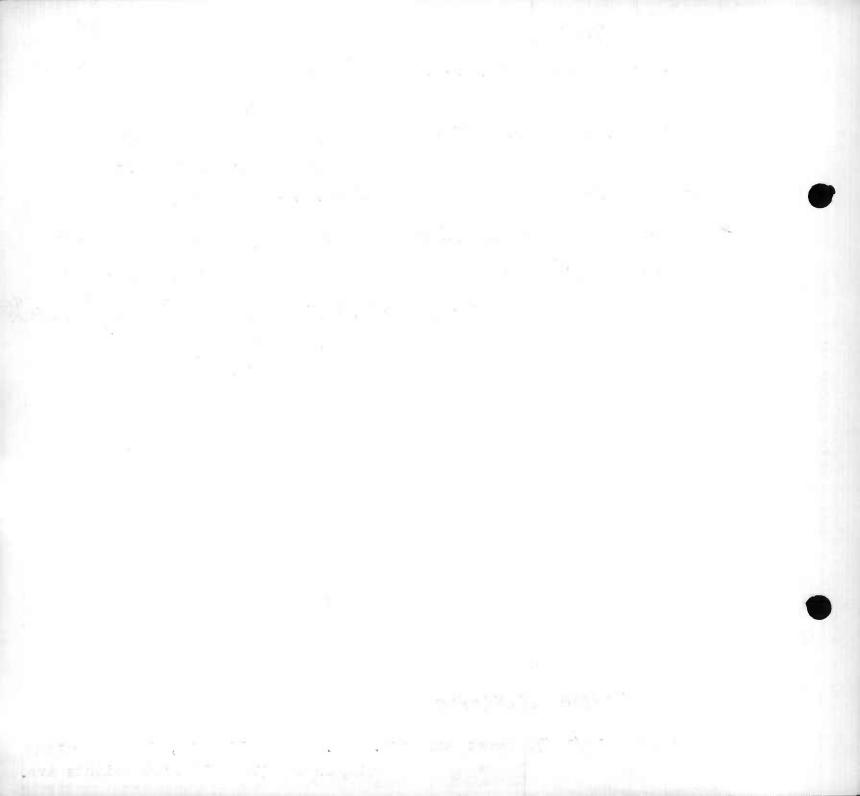


VS 151-REV. 3/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HE	H DEPARTMENT
BIRTH NO. 70 10023 CERTIFICATE	MO . andr
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
MRS Odell Exans (Due	ALYRSIDENCE (Where deceased lived. If institution: residence before admission)
A•	B. COUNTY B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION)	OR TOWN D. INSIDE CITY LIMITS?
Bon Secours Hospital	Saltimore YES NO
34	109 L. Marth Aug
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. D	OF BIRTH 9. AGE (in years last bishday) Nonths! Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11.	36
done during most of working life, even if retired)	HPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME Marion Retreat	NORTH Carelina USA
Albert Evans	Cassie France Eugho
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	ADDRESS P. 1
No 237 09 4757	Mes Wilman Curry Sister
DISEASE OR CONDITION DIRECTLY	APROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	Respiratory failure,
heart failure, asthenia, etc. It means the disease	QUENCE OF:
injury at camplication which caused death.) ANTECEDENT CAUSES	, A
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CO	EQUENCE OF:
nise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	AUTOBSY? (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	22 C. WHERE DID (If In Relimere City also and In all a
DEATH (natify medical examine)	INJURY OCCUR:
OF INJURY (APPROX) (Manth) (Doy) (Year) (Hour) 21 E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
Work L At Wark L	-
22. I certify that (1) (this hospital) attended the deceased from 9-8 that (1) (we) last saw the deceased alive on 10 -8	70 and that In(my) (aux) apinion death accurred as the date
and haur and from the causes stated above. (1) (We) (did) (did nat) view t	
23A. SIGNATURE	238, DATE SIGNED
Janka Voranaksa, Decree Phys.	Med. Staff Director Phys. Director 10-8-70
23C. PHYSICIAN'S NAME (Type) JANTRA VORPRAKSA 23D. A	BON SECOURS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREATERY	
DIDTAT TO (-) (-)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25	Burlington, North Carolina FUNERAL DIRECTOR WIS TOWNN 4517 Park Heights Ave.



DIRECTOR:

FUNERAL

NO

Hours

APPROXIMATE INTERVAL

(State)

30

If Under 24 Hrs.

2/2



Control of the Coloney Control of the Control of th

Such

0 01			BALTIMORE CITY	HEALTH DEPARTMEN	IT	20 10026
D 5/6 (\supset 70	1002	6 CERTIFICA	TE OF DEAT	H REG. NO.	To Tober
I. NAME OF DE	CEASED			2. DAT	E AND HOUR OF DEA	тн
Type or Print)	Mary T. Becke	r			Oct. 8, 1970	1/2:05 a. A
	LTIMORE, MARYLAND, V		UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, I	f institution: residence before admission
HILL NAME OF	E VIE NOT IN HOSPI	TAL OR INICTIT	HTION CIVE STREET	Md.	-	25-44
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION		C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?		
43111011011				Baltimore		YES X NO
1)()	4017 Highlan	d Avenue	2	E. STREET AND NUMB	ER	
				4017 Highla	and Avenue	
SEX	6. RACE	7. MARRIED	A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female	White	WIDOWED		3-7-1926	(lost birthdoy)	Months Doys Hours Min.
			BUSINESS OR INDUSTRY		7.4.4	12. CITIZEN OF WHAT COUNTR
	of working life, even if retired)	D 0 0	70	3.5		11.00
Secratar		B & 0	RR	Maryland		USA
FATHER'S NA				14. MOTHER'S MAIDEN		
James F				Bertha I	R. Eslein	
Was Decease	ed Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				T.J. Becker	Jr. same as	3 # 4
DISEASES	amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) NG CONDITION last.	s any, giving	(B) M (2 T A) DUE TO, OR AS	ARCINDMA ISENIA THORM A CONSEQUENCE OF: A CONSEQUENCE OF:	OF SPINAL, (PORI), APRIL 196
TO THE DEA	II IFICANT CONDITIONS COATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).				
19A. DATE C	OF OPERATION 198. CON	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING [BUTING CAUSE OF fy medicol exominer)	21 B hom etc.	B. PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21 C. WHERE D ffice bldg., INJURY OCCU	ID (If in Boltin	more City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		. INJURY OCCURRED nile At Not While At Work		NJURY OCCUR?	
22. I certif	y that (I) (this haspita	l) attended t	he deceased from		19ta	
	e) last saw the deceas			19 ar		apinian death accurred an the da
			I) (We) (did) (dld nat) v			
23A. SIGNAT		I have	M.) Atte	ending Med.	Shaff Phys.	23B, DATE SIGNED
123C. PHYSICI NAME	IAN'S (Type) PN//	6 1x 13 10	DEGKEE	23D. ADDRESS 1200 ST.	PAUL ST	BA170.21202 NA
AA. BURIAL CE	REMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY OF CR	EMATORY 24	4D. LOCATION	(City, town, or county) (Stote)
Burisl	10-12-	-170 He	ly Cross Ceme	tery	Baltimere,	Maryland 21225

VS 150-REV. 1/1/6B

Burisl

25A. DATE REC'D BY HEALTH DEPT.

Hely

10-12-170

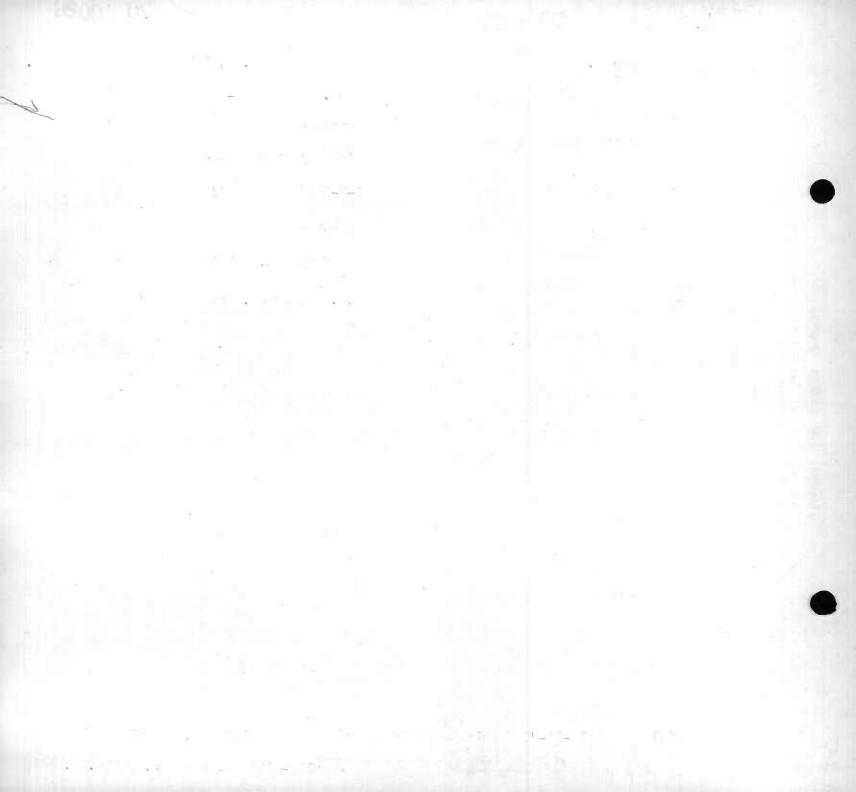
Cress

Maryland 21225

ADDRESS

25B. NAME OF REGISTRAR Pecolin-230 Patapace Ave. Balte.Md.21225 2

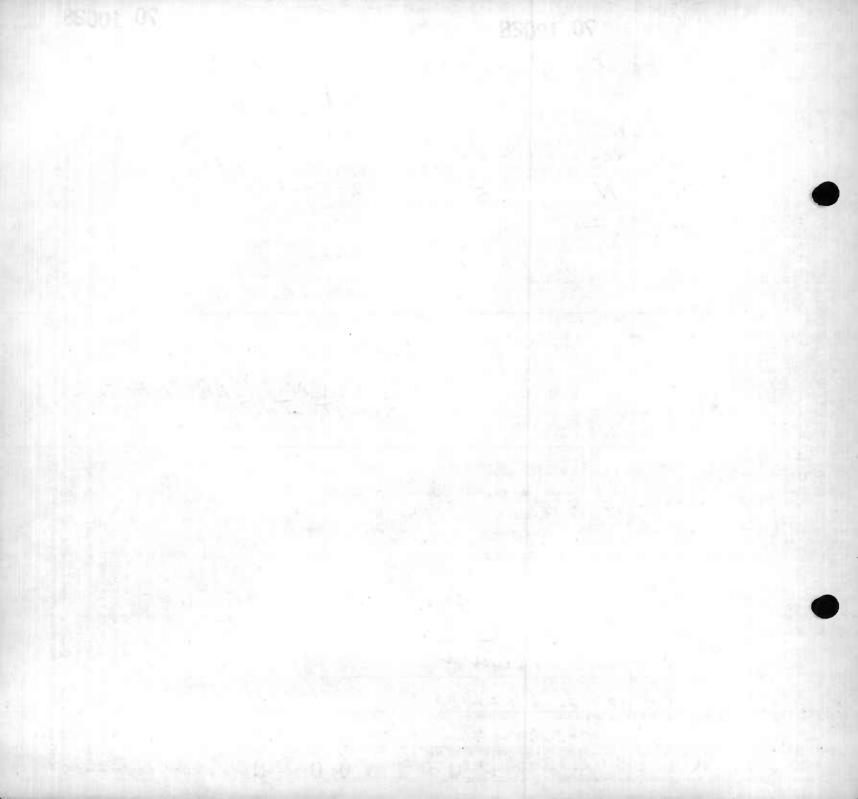
Cemetery



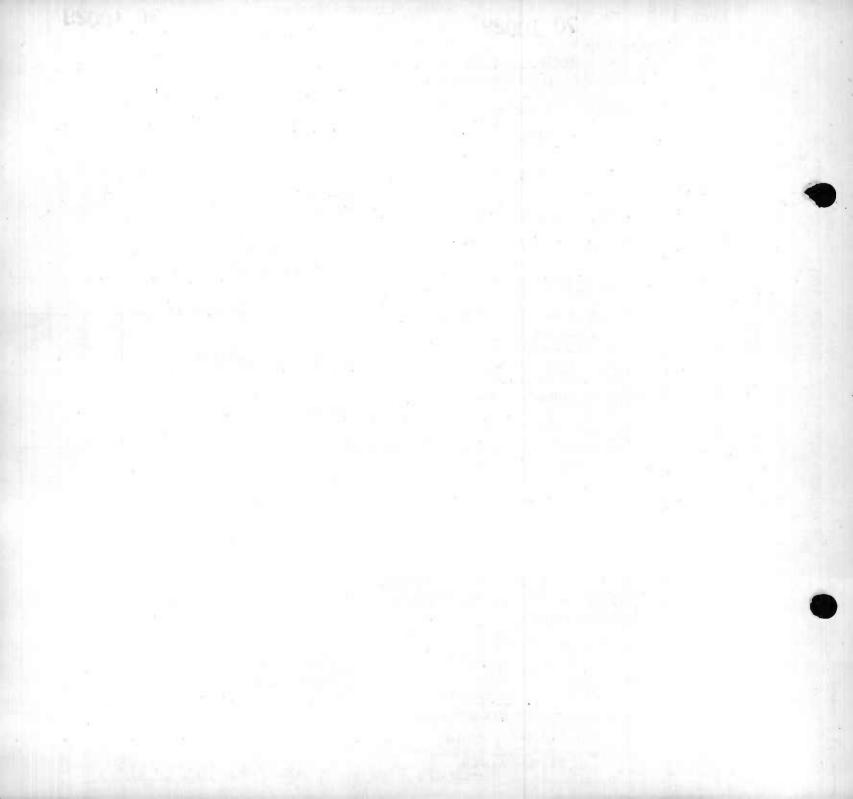
VS 150-REV. 1/1/68



C-155	BALTIMORE CITY	HEALTH DEPARTMENT	70 40030
BIRTH NO. 70 10028	CERTIFICA	TE OF DEATH Registered No.	10 10020
T. NAME OF DECEASED (Type or Print) PAUL D.	CHAPMA	2. Date and Hour of DEATH	1 3:20 Pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived, If	institution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, grve street	C. CITY OR TOWN (If outside city limits, write	PURAL ond give lownship)
CHILDREN'S HOS.	A A	BRANDY WINE D. STREET ADDRESS (If rurol, give location)	
3825 GREENSPRING	7.12.11	BOX 269	
M N WIDG	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 2-25-51 9. AGE (In years 9. AGE)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME	
ALTON CHAPI	MAN	UNA	
15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) (II yes, give wor or dotes of servi	SECURITY NO.	PATIENTS HOSPIAL	HISTORY
18./70,71	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pin	LMONARY METAST	ASOC 10 MONT
(This does not mean the made af dying, heart foilure, osthenio, etc. It means the dise	e.g., DUE TO		
injury or complication which coused death.)	057	16-4T TIBIA	MA 27
ANTECEDENT CAUSES	DUE TO R	1/-bT TIBIA	MONTHS
DISEASES OR CONDITIONS, if any, girnse to the above couse (A) stating UNDERLYING CONDITION lost.	the (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ITING THE NONE		
	OR WHICH OPERATION NIC SARCOM	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.) NONE	n or obout 21C. WHERE DID (If in Boltimo ffice bldg., INJURY OCCUR?	ore City, give exact lacation)
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour)	While At Nork At Work		
22. I certify that (1) (this hospital) attend	ed the deceased from	19 70 to 1	0-3
thoy (1) (we) last saw the deceased alive	on 10-3	19ond that in my (our) op	inion deoth occurred on the date
ond hour ond from the couses stoted obov	e(I)(We)(did)(did not)	view the body ofter death.	DOOR DATE CLOSUED
James & Pa	ellyn M.D. Ath	ending Med. Stoff Phys.	10-3-70
23G-PHYSICIAN'S NAME (Type) ITAMES L. Ph.	ILLIPS M.D.	CHILDREN'S HOST	DITAL AND BALTO.
24A. GURIAL CREMATION, 24B. DATE 24B. REMOVAL (Specify)	c. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (C)	Gity, town, or county) (State)
25A. DAJE REC'D BY HEALTH, DEPT. 25B. NA/	WE OF REGISTRAR	25C. FUNERAL DIRECTOR MOUTALLY CLASS	a aguaseo, md
VS 150-REV. 1/1/65		in in the country	27-20-17-101



W-40	25 70	10029		TE OF DEATH	REG. NO.	70 10029
I. NAME OF DI Type or Print)		RGE WILL	LIAM WILSON	2. DATE	AND HOUR OF DEA	тн 5:15 Р »
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPI ADDRESS OR LOC	ITAL OR INSTITU CATION)	TION, GIVE STREET		here deceased lived. I	If institution: residence before admission RY S NSIDE CITY LIMITS? YES NOX
MALE	6. RACE NEGRO		NEVER MARRIEDX	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of wo of working life, even if retired)			11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	AME ed Ever in U. S. Armed Fr vn](If yes, give wor or do	orces?	16. SOCIAL SECURITY NO.	BERTINA	AME	ADDRESS
(This does	LEADING TO DEATH	of dying, e.g.,	(A) IMMEDIATE CAL	USE Racardo	presperato	y 30 min
(This does heart failur injury ar c		d dying, e.g., is the disease, od death.)		A CONSEQUENCE OF: THE CARLUS THE CARLUS TO A CONSEQUENCE OF:	resperator	on block 24 hrs.
OTHER SIGN TO THE DE DISEASE OR	nol mean the made as a sthenia, etc. Il mean omplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (AING CONDITION lost. Il INFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS OF CONDITION BY ANTH BUT NOT RELATED TO CONDITION GIVEN IN PA	of dying, e.g., as the disease, and death.) any, giving any, giving stating the ONTRIBUTING THE TERMINAL ART 1 (A).	(c) Bi la Lee	al pneumoti	horaus	
OTHER SIGN TO THE DE DISEASE OR UN DERLY!	nol mean the made as a sthenia, etc. If mean omplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (AING CONDITION IOSI. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	of dying, e.g., as the disease, and death.) any, giving any, giving stating the ONTRIBUTING THE TERMINAL ART 1 (A).	(c) Bi la Lee		hora ces	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGN TO THE DE DISEASE OR TO THE DISEASE OR TO T	nol mean the made as a sthenia, etc. If mean omplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (AING CONDITION IOSI. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	af dying, e.g., is the disease, ad deoth.) S any, giving) stating the ONTRIBUTING THE TERMINAL ART 1 (A). ENDITION FOR V REFORMED.	(C)	al pneumoti	No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGN TO THE DE DISEASE OR CONTROL OR C	nol mean the made a e, asthenia, etc. Il mean omplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	af dying, e.g., is the disease, and death.) SS any, giving the disease, and death.) ONTRIBUTING THE TERMINAL ART 1 (A). INDITION FOR VERFORMED 1218, ham. etc.)	(C)	20 A. AUTOPSY? (Yes or YES in or about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	No) 208, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
VOITHER SIGN TO THE DE DISEASE OR 19 A. ACCIDE DISEASE OR 19 A. ACCIDE DISEASE OR 19 A. DATE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certithat (I) (wand haur control of the control o	nol mean the made as a sthenia, etc. Il mean omplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION lost. IIIIIIIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PARTY OF OPERATION 198. CONDITION GIVEN IN PARTY WAS UNDERLYING BUTING CAUSE OF ify medical examiner) (Month) (Doy) (Year the couses stand from the causes stand condition of the causes stand from the causes stand condition which is the causes stand condition of the causes stand condition which is the causes stand condition which is the cause of the cau	af dying, e.g., is the disease, od death.) SS any, giving he stating the Terminal ART 1 (A). DITION FOR VERFORMED (Hour) 21E. Whit Word Word ART 1 (A). White Sed alive an	PLACE OF INJURY (e.g., io, larm, foctory, street, o	20 A. AUTOPSY? (Yes or Yes in or about 21 C. WHERE DID iffice bidg., INJURY OCCUR? 21 F. HOW DID I	No) 208, IF YES, WE IN CERTIFYING (If in Bolti NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? Omore City, give exact location) TOOKUS 8 19 70 apinlan death accurred an the data
VOLTANDERLYI VOLTANDERLYI OTHER SIGN TO THE DE DISEASE OR 19 A. DATE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w and haur of 23A. SIGNA	nol mean the made as a sthenia, etc. Il mean omplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION lost. IIIIIII NOT RELATED TO CONDITION GIVEN IN PARTY WAS UNDERLYING BUTING CAUSE OF (Month) (Day) (Year of the party was the decease of the party was the part	af dying, e.g., is the disease, od death.) SS any, giving he stating the Terminal ART 1 (A). DITION FOR VERFORMED (Hour) 21E. Whit Word Word ART 1 (A). White Sed alive an	PLACE OF INJURY (e.g., of larm, foctory, street, of larm, street, of	20 A. AUTOPSY? (Yes or Yes in or about 21 C. WHERE DID iffice bidg., INJURY OCCUR? 21 F. HOW DID I 19 70 and view the bady after deat ending Med. Director 1 23 D. ADDRESS	No) 20B, IF YES, WE IN CERTIFYING (If in Bolti NJURY OCCUR? 19 70 ta	RE FINDINGS CONSIDERED CAUSES OF DEATH? Omore City, give exact location) Obokus 8 19 70 apinlan death accurred an the da
VOILER SIGN TO THE DE DISEASE OR 19 A. ACCIDE DISEASE OR 19 A. DATE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certithat (I) (wand haur of 23A. SIGNA 23C. PHYSICA	nol mean the made as a sthenia, etc. Il mean omplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION lost. IIIIIII NOT RELATED TO CONDITION GIVEN IN PARTY WAS UNDERLYING BUTING CAUSE OF (Month) (Day) (Year of the county medical examiner) (Month) (Day) (Year of the causes statuted to cause statuted	af dying, e.g., is the disease, and death.) So any, giving stating the terminal ART 1 (A). In the TERMINAL ART 1	PLACE OF INJURY (e.g., o, lorm, foctory, street, o) INJURY OCCURRED Le At At Work AT WORD AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK	20 A. AUTOPSY? (Yes or Yes or	No 208, IF YES, WE IN CERTIFYING (If In Bolti NJURY OCCUR? 19 70 ta 4 that in(my) (our) h. Stoff Phys. I	RE FINDINGS CONSIDERED CAUSES OF DEATH? Omore City, give exact location) TOOKUS 8 19 70 apinlan death accurred an the data 238, DATE SIGNED 10 8 70 OSPITAL
OTHER SIGN TO THE DE DISEASE OR UN DERLY! OTHER SIGN TO THE DE DISEASE OR 19 A. DATE OR CONTRI DEATH (not DEA	nol mean the made as a sthenia, etc. Il mean omplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) ING CONDITION SOLUTION STATE BUT NOT RELATED TO CONDITION GIVEN IN PACE OF STATE OF ST	af dying, e.g., is the disease, and death.) So any, giving stating the disease, any, giving stating the death. ONTRIBUTING THE TERMINAL ART 1 (A). INDITION FOR VERFORMED 19 (Hour) 21E. Whi Wor all attended the sed alive an	PLACE OF INJURY (e.g., or	20 A. AUTOPSY? (Yes or Yes in or about 21 C. WHERE DID iffice bidg., INJURY OCCUR? 21 F. HOW DID I 19 70 and view the bady after deat ending Med. Director 23D. ADDRESS THE JOHNS H	No 208 IF YES, WE IN CERTIFYING (If in Bolti NJURY OCCUR? 19 70 to (our) that in(my) (our) h. Staff Phys. I	RE FINDINGS CONSIDERED CAUSES OF DEATH? Ommore City, give exact location) OF ORCH 8 19 70 apinlan death accurred an the data



150-REV. 1/1/68

T ,	-00
REG. NO. 70	10030
AND HOUR OF DEATH	
6-11-70	1255 PM
Where deceased lived If institutions	0
ND BALT.	MORE CO.
D. INSIDE CITY	LIMITS?
LORE YES	NO D
R Warshall	RD. 53-00
9. AGE (In yeers If Und Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
foreign countryl 12. CIT	IZEN OF WHAT COUNTRY?
LORE, MD.	U.S.
NAME	ě
ZAPORSK	/
	ADDRESS
VAK 1876 MARS	
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
arrest.	######################################
dial infarction.	
Shock.	

(No) 208, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
O (If In Beltimere City, glv	re exact lecetion)
INJURY OCCUR?	
10 70	/11
19 70 ta 10 I that In(my) (aur) apinfan dea	19 170
that in (my) (aur) apinfan dea	th accurred an the date
th.	
	IL 40
	1 1
and Hospital	
and Hospital D. LOCATION (City, town, or	or county) (State)
erman Hill Rd/ Ba	
TOR	ADDRESS
sollnc. 7110 Belai	

The water our close segment

Mas

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 40 CERTIFICATE OF DEATH BIRTH NO I, NAME OF DECEASED 2. DATE ANT HOUR OF DEATH (Type or Print) Ross 10 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Will a deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C.CITY OR TOWN
Baltimore D. INSIDE CITY LIMITS? Baltimore City Hospitals YES XX NO 4940 Eastern Avenue E. STREET AND NUMBER #21224 336 East Federal Street #21202 Baltimore, Maryland 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours last birthday) Male Negro 12-4-08 WIDOWED DIVORCED Y 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Virginia U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wesley Kosa 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 6. SOCIAL 17. INFOR AANT Baltimore City HospitaPoress SECURITY NO. Records: 4940 Eastern Avenue #21224 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 27C/WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Bolttmore City, give exact location) DEATH (natify medical examiner) MEDI 21D. TIME OF INJURY (Manth) (Doy) (Year) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While Al (APPROX) Octobe 22. I certify that (1) (this hospital) attended the deceased from... August. 19 70 to October that (1) (we) last saw the deceased alive an_ and that in(my) (our) opinion death accurred an the date and hour and fram the causes stated above. (I) (We). (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | Staff Phys. u 23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS 4940 Eastern Avenie, Baltimore, Md. 21224 Dwight Chamen HOSP. DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Pales 8

8

The state of the s

3 100

3.3 ----

,

1 2 1 2 E

USE HER RELEX MOHEE 1/26 arms me Could 24 of toil James Mc Briefel His Daniel 10-45 2 WHAHER Carl Bulle me Eleghiller 100 Burette -

BALTIMORE CITY HEALTH DEPARTMENT

Charles As and Company North Company of the Company

	D-620 PALTIMORE CITY HEALTH DEPARTMENT 70 10034
	CERTIFICATE OF DEATH
	ATH NO. 2, DATE, AND HOUR OF DEATH
	pe or Print) 4/1/1-P DAVIS
- 0° - 3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)
deat deat	ILL NAME OF ADDRESS OR LOCATION) A. STATE B. COUNTY MARYLAND BALTIMORE CITY 7-04 C. CITY OR TOWN.
IN:	STITITION INSIDE CITY CHAINS
12	VES NO
12	944 N. CHAPEL STREET
5. 5	SEX 6. RACE 7. MADDIED NEVED MADDIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Hrs.
1	MALE NEGRO WIDOWED DIVORCED X DOYS Hours Min.
11	USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. STRTHPLACE (State or foreign country)
don	Lough Coulous USA
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	4
15	Wos Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
(Ye	Was Deceased Ever in U. S. Armed Farces? s.no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
	no 251-26-4367 / smatel & mis
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE LIMIN D. J. Bleed
	heart failure, asthenia, etc. It means the disease.
	injury or complication which caused death.)
	DISEASES OR CONDITIONS, if any, giving (B) Consequence of: (B) Consequence of:
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the dwodenum
	UNDERLYING CONDITION last, (C)
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).
RTIFIG	IN CERTIFYING CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 G. WHERE DID (If in Boltimore City, give exect location)
\d	OR CONTRIBUTING CAUSE OF home form factory street office hida INCIPLY OCCUP?
DIC	
MEC	OF INJURY
	Work At Work
	22. I certify that (I) (this haspital) attended the deceased fram 1970 to 1970 to 1970
	that (1) (we) last saw the deceased alive an 10 7 and that in (my) (aur) apinian death accurred an the dat
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Almi Withsun J DEGREE Phys. Attending Med. Stoff 10/9/20
244	23C. PHYSICIAN'S 23D. ADDRESS
	THE JOHNS HOPKINS HOSPITAL
24/	DEGREE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY at CREMATORY, 24D. LOCATION (City, town, opening) (State)
	REMOVAL (Specify)
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 255 JUNERAL DIRECTOR ADDRESS
25/	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 255 UNERAL DIRECTOR ADDRESS
	150-REV. 1/1/6B
V	



25C. FUNERAL DIRECTOR

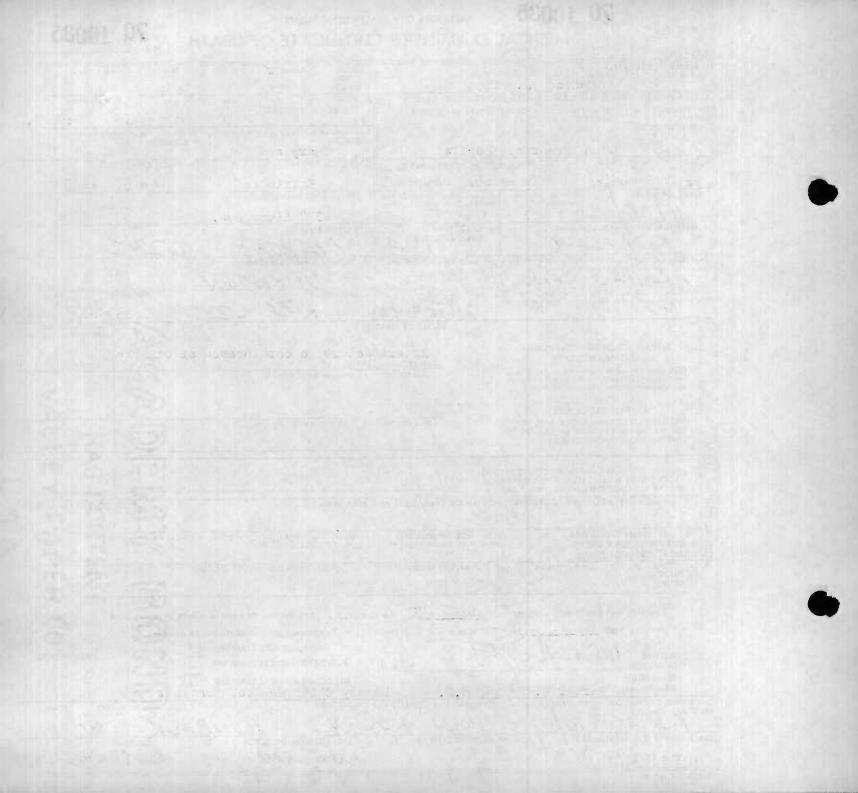
JOHN WEBER & SONS

401 S CHESTER

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR



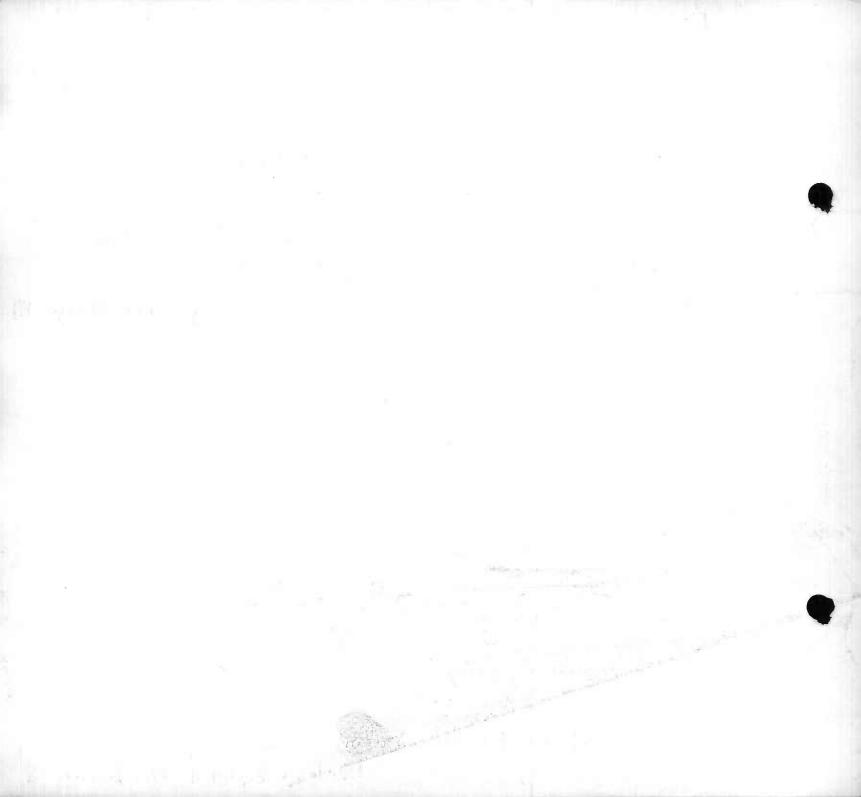
IMPORTANT

FUNERAL DIRECTOR:

B-650		HEALTH DEPARTMENT	70 10036
BIRTH NO. 70 1	0036 CERTIFICA	TE OF DEATH REG.	NO
1. NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
BROWN. Cleve	land Henry	10-10-70	8:00 P M
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD		ved. ((,institution: residence belore odmission)
FULL NAME OF HOSPITAL OR ADDRESS OR LO	TTAL OR INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	27-98
Vete rans Adm	inistration Hospital		D. INSIDE CITY LIMITS? YES KX NO
3900 Loch Rave		Baltimore, Maryland E. STREET AND NUMBER	TES CONTROL
Baltimore, Mar	ryland 21218	3731 Oakmont Avenue	
SEX 6. RACE	7. MARRIED TO NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In ve	ors If Under 1 Ye II Hedge 24 Her
Male Negro	WIDOWED DIVORCED	12-14-22 lost biythdoy!	ors If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
done during most of working life, even it retired	ork 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY
Chauffeur		Clarhton, N. C.	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0. D. A.
William Brown		Annie McCoy	
5. Was Deceased Ever in U. S. Armed F Yes, no or unknown) (11 yes, give wor or do Yes 12-27-43 to	orees? 16. SOCIAL SECURITY NO. 10-12-44 237-20-1469	17. INFORMANT VA Hospital Baltimore, Maryland 2	
18. 162.11	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OF CONDITION D	DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	1	G Claire 1" Margar.	and the
(This does not meon the mode of heart failure, asthenia, etc. It mean injury or complication which couse	s ine disease.	A CONSEQUENCE OF:	acus
ANTECEDENT CAUSE			
		muy applies	4
DISEASES OR CONDITIONS, if		A CONSEQUENCE OF:	
UNDERLYING CONDITION lost.	(c)	dely my Carcinoma	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL	***************************************	
19A. DATE OF OPERATION 19B. CO	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
		NO	TO CAUSES OF DEATH!
21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modicol exeminer)	21 & PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	nor obout 21 C. WHERE DID (If In lice bldg., INJURY OCCUR?	Bollimore City, give exoct location)
21D. TIME (Month) (Dov) (Year	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX)	While At Not While		
22. I certify that YOT (this has nite		ptember 22, 19 70 10_	October 10 to 70
	ed olive an October 10-	~~	Uctober 10, 19 70 ur) opinion death occurred on the date
ond have and from the causes ste	oted above. (M (We) (did) (MIC) v		
23A. SIGNATURE			23B, DATE SIGNED
Man Fu	M.D. Atte	Med. Staff Phys.	10/11/20
23C. PHYSICIAN'S NAME (Type) Kameel Farag		3D. ADDRESS 3900 Loch Rave	n Boulevard
	M.D.	Baltimore, Mar	
A. BURIAL CREMATION, 24B, DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
BURIAL 10/14	/70 Baltimore Nation	al Cemetery Baltimore,	
SA. DATE REC'D BY HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	Jaber M.D. O O	MORTON & DYELT FUNER	
S 150-REV. 1/1/68			

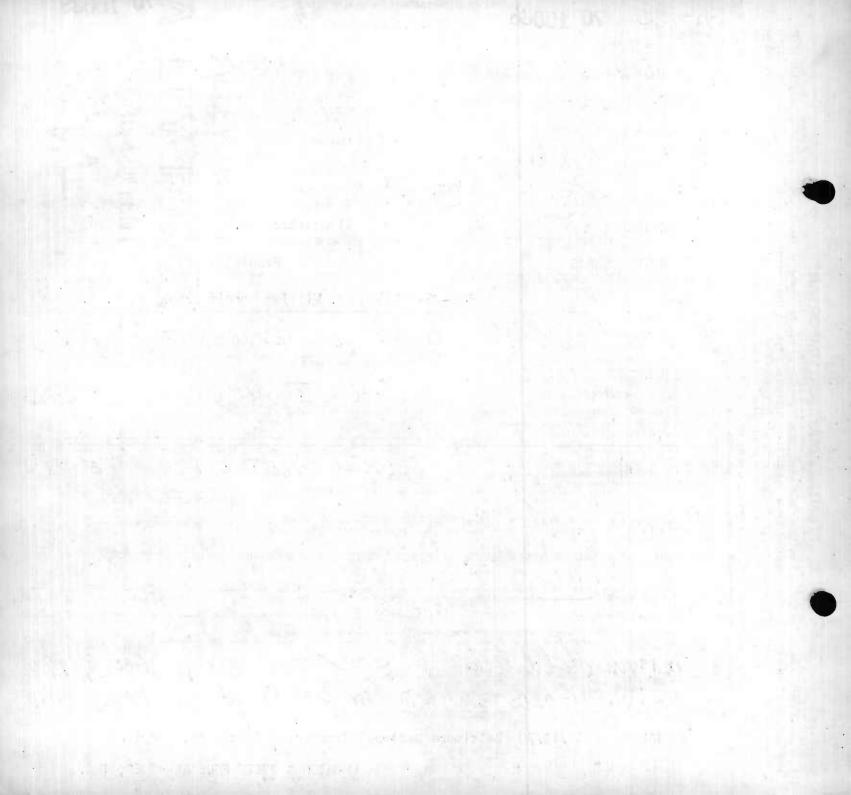
Lung about presents

B-25/- 70 10037	BALTIMORE CITY	HEALTH DEPARTMENT 70 10037
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print) CHARLES	D. 221150	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	BUCKNER	10-9-70 1:50,
STEACE IN BACHMORE, MARILAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admiss A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND, BALTIMORE 15-11
MOSPITAL OR ADDRESS OR LOCATION) THE JOHNS HOPKI		C. CITY OR TOWN D. INSIDE CITY LIMITS?
		BALTIMORE YES NO
HOSPIT	AL	E. STREET AND NUMBER
		3200 DORCHESTER RD. 21215
SEX 6. RACE 7. MARR WIDOW	HED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in yoors of Under 1 Yr. If Under 24 Months Doys Hours Min
DA. USUAL OCCUPATION (Give kind of work 10B, KINE		
one during most of working life, even if retired)	A DE BOSINESS OF INDOSIKI	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUN
RETIRED		Baltimore, Maryland U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
WILLIAM KRNKKNER BUCH	KNER	ELIZABETH HENSON
i. Was Deceased Ever in U. S. Armed Forces? os,no or unknown) (If yes, givo wor or dotos of servi	1 6. SOCIAL	17. INFORMANT ADDRESS
A 2		4 CI DII
No.	216-44-2895	Mrs. Florence Tulley 3601 Denlyn
18. 250.91	CAUSE OF DEATH	APPROXIMATE INTERV. BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
(This does not meen the mode of dying,	(A)IMMEDIATE CAU	
hearl loilure, asthenia, etc. Il means the diser	ose, DUE TO, OR AS	A CONSEQUENCE OF:
injury or complication which coused death.)	T)	11-11-11
ANTECEDENT CAUSES	(8)	IABETES MELLITUS UNK
DISEASES OR CONDITIONS, il any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:
rise to the obove cause (A) stoting UNDERLYING CONDITION tost.	(C)	,
11	(٧/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	1G	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL	27000000000000000000000000000000000000
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21B. PLACE OF INJURY (o.g., in	or about 21C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notily modical examinar)	homo, form, foctory, street, aff otc.)	ico bidg., INJURY OCCUR?
21D.TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	215 Now 212 half a control
OF INJURY	While At Not While	21F. HOW DID INJURY OCCUR?
	AAOIK - AI AAOIK	
22. I certify that (1) (this hospital) ottende	d the deceased fram	1952 to 10/9 1970
that (1) (we) last saw the deceased olive a		19 70 ond that in (my) (aur) apinion death occurred on the d
and from the couses stated above		the desired of the de
23A, SIGNATURE		
Marionia of	Port MD Atten	ding Med. Shaff A
23C. PHYSICIAN'S	DEGREE Phys.	Director Phys.
MAAAE (Tues)		3D. ADDRESS
	DEGREE DEGREE	THE JOHNS HOPKINS HOSPITAL
	NAME OF CEMETERY OF CRE	
1 11 12 12	Mit Aubina	
A. DATE REC'D BY HEALTH DEPT. 25B, NAM		em. Daltimer, Maryland
	AE2.0 0 0	2SC. FUNERAL DIRECTOR ADDRESS
150-REV. 1/1/68	2 2 2	MORRIA Byett +. H. 1701 LAURENS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

P 200 10000	BALTIMORE CITY	HEALTH DEPARTMENT		/0 10038
K-000 70 10038	CERTIFICA	TE OF DEATH	REG. NO	2.07.00
I, NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) Day May		10-8-	_	145
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD			itution; residence before odmission)
STEACE IN BALLINGS, MAKILAND, WITEKE PRO	HOUNCED DEAD	A. STATE B, COUNTY		· · · × ·
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	manyland		15-00
HOSPITAL OR ADDRESS OR LOCATION)	11	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
MY. S Luci nursing	Home	E. STREET AND NUMBER		YES 🔀 NO 🗌
4613 Park Hights.	Ane		Courh	
S. SEX 6. RACE 7. MARRI		los los	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
BUK, WIDOW	ED X XX DIVORCED	2-4-00	10	
IOA, USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) RETIRED		Gloucester, Va.		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
THORNTON MORRIS		Fannie	e Paige	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give wor or dates of services)	1 6. SOCIAL	17. INFORMANT	1001 P	residênt St. #2
NO	security No. 099-03-1825A	Mr. William Mor		
18. 124.9H 250.9	CAUSE OF DEAT	H	8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Cerebro	- NOW MALLERNIA	141 NONTO	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL		concern	hour
(This does not mean the mode of dying, et heart failure, asthenia, etc. It means the disease	DUFTO OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)	, sc,	11 -4 .	11.	
ANTECEDENT CAUSES	" Complin	al arteriord	Croses	5 Werrs
DISEASES OR CONDITIONS, if ony, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:	V W	7-10-
rise to the obove couse (A) stating				U
UNDERLYING CONDITION lost.	(c)		,	
7	n. 1/	to ans		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN		elle mellitu	ce	5 years
▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A).		1004		
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	010 01 - 02 05 1			
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
<u>U</u>	21 E INJURY OCCURRED	21F. HOW DID INJUR	v Occilm	
OF INJURY	While At Not While		T OCCUR:	
(APPROX.)	Work At Work		~ ~ ~	1.1
22. I certify that (1) (this hespital) attende	d the deceased fram	Oct, 2, 19	10 to 0	CC 8, 19 70
that (1) (we) last saw the deceased alive a	ort. 2	19.70 and that	in (my) Lour apini	an death accurred on the date
	/		(), 4, 5	
and haur and from the causes stated above	(I) (ric) (ara) (ala nat) V	lew the body after death.		23B, DATE SIGNED
The same Hall to	Atte	nding Med. Sk		Not DIAM.
mawn order	DEGREE Phy	s. Director L Ph	ys. L	CCC. 9,1970
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	A A	PA MA
MARVIN (TOLDST	EIN, M.D.	EDGI FARK HEIGH	HTS KVE	PALTO, MID
4A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CRI	MATORY 24D. LOC	ATION (City	, town, or county)/ (Stote)
REMOVAL (Specily)	altimore Matieur	al Comotonii Pal	timore Man	vland
	altimore Nation		timore, Mar	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ELINEDAL US	Daito
ANITO SELE CONTACT AND AL	A. A. W.	MORTON & DYETT	FUNERAL HO	MES, INC. Mu.
VS 150-REV. 1/1/6B				



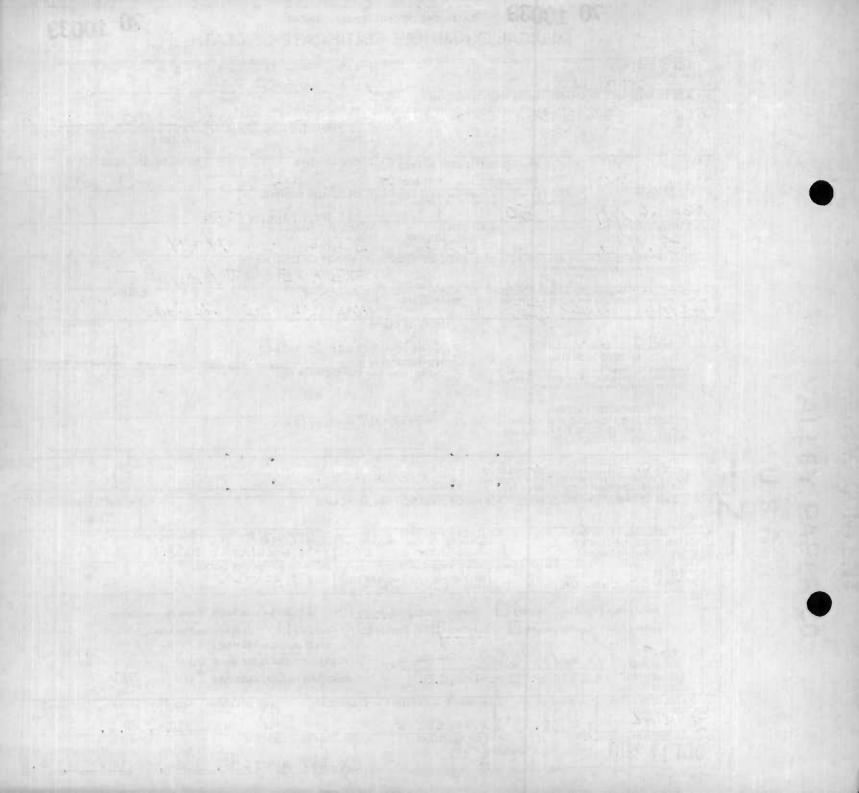
H-400 70 10039

BALTIMORE CITY HEALTH DEPARTMENT

70 10039

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH,
--------------------	----------------	--------

	IRTH NC.		AIL OI	DLAII	REG. NO		
1.	NAME OF DECEASED	2. DATE	Known 🔲	Month	Doy	Yeor	Hour
6	LESTER HALL	OF DEATH	Estimoted				
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Month	D.,	V	М.
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		NCED DEAD		nber 15.	1970	12:55 P.M.
0	811 Washington Blvd.	5. USUAL RE	SIDENCE (Where	deceased live	d. If institution	residence b	pefore odmission)
	off washington bivas	A. STATE		E	. COUNTY	21	1 7
6.	SEX 7. RACE B. MARRIED AND AUGUST MARRIED AUGUST MARRIED AND AUGUST MARRIED AUGUST	C CITY OR 3	Maryland	d	(21/-	20
	MAKKIED WEVER MARRIED	C. CITY OR 1	OWN		D. INSIDE CI	LA LIWIT23	
_	Male White WIDOWED DIVORCED	Bal:	timore		YE	s	NO 🗆
9.	DATE OF BIRTH 10.AGE (in years If Under 1 Yr. If Under 24 Hrs. Months; Days; Hours; Min.		ND NUMBER				
1	NOV 26, 1914 500	011 11	1. 2 4	n1 . 1			
iii	BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S	ashington	BIAG.			
	WHAT COUNTRY?	-	-	11	. 11		
1) t (1 1 2 4	JAM		116	+//		
ido	A.USUAL OCCUPATION (Give kind of work i 4B. KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	15. MOTHER	S MAIDEN NAM	E	1/	7 ,	
		TOI	VIE	Th	014	1	
16.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORM	ANT	////	Ar	DRESS	11 11
(Y	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		- 1	- 11	110	U	IAIMAIA
1	19. CAUSE OF DEAL		- meenci	- He	-11/ms		S,C,
	CAUSE OF DEAT	Н					PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Craniace	mohmol '	Injunion			or.	EEN ONSE! AND DEATH
	LEADING TO DEATH		Injuries				
	(This does not mean the made of dying, e.g., (A) IMMEDIATE C	S A CONSEQU	ENCE OF				
	heart toilure, asthenia, etc. It means the disease, injury or complication which coused death.)	o A CONSEQU	ENCE OF:				
	ANTECEDENT CAUSES (B)		н				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	S A CONSEQU	JENCE OF:				
	1 UNDERLING CONDUION LAST						
18	(C)						
ľ	11	WE WE TO SERVE	,				
SO S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Cirrho	sis of	Liver				
世	DISEASE OR CONDITION GIVEN IN PART 1 (A).						
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORME	D			21. AUTOR	SY? (Yes or No)
U	2,					Ye	
₹	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	n or shoul 220	WHERE DID (to Delitera	Cu.		
EDICAL	UNDERLYING OR CONTRIB. home, form, foctory, street, office	bidg., etc.) INJ	URY OCCUR?			flocation)	
MET	UTING CAUSE OF DEATH. Home		811 Washi	ngton I	Blvd.	21.	-02
-	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	221	HOW DID INJ		?		
	(APPROX.) Unknown WHILE AT NOT WORK AT WO	WHILE X	Fell at h	ome			
	23.	JAK L					
	I certify that I held on Inquiry Inspection Aut	opsy 🖾	ond that on thi	s basis. d	eath In my s	nlnian	
						_	
	resulted from: Natural couses Accident X Suicide				d monner		
	ACTUAL X/, DAI/	CH	HEF MEDICAL EX	AMINER L		,	DATE SIGNED
Ŀ	SIGNATURE A COMPANY M.D.	ASSIST	ANT MEDICAL EX	AMINER 2	3		DATE SIGNED
	EXAMINER'S Ronald N. Kornblum, M.D.	ASSOC	IATE MEDICAL EX	AMINER T	7	9/16/	70
L	NAME (Type)					-,,	
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY O	r CREMATOR	Y 24D, LO	CATION	(City, lown,	or county)	(State)
KE	MOVAL (Specify) BURIAL X Sept. 20'70 West view					,	(0.010)
	L Sobres 1 W MESONIEM		X	Walh	alla,	S.C.	
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FU	NERAL DIRECTOR	5		DRESS	
	AND TO BAN AND STREET OF AND STREET	1, 7	077000				0 ~
VS	151-REV. 1/1/68		evenport	F P	ome, V	Valha	lla, S.C
		1 1	to book had				

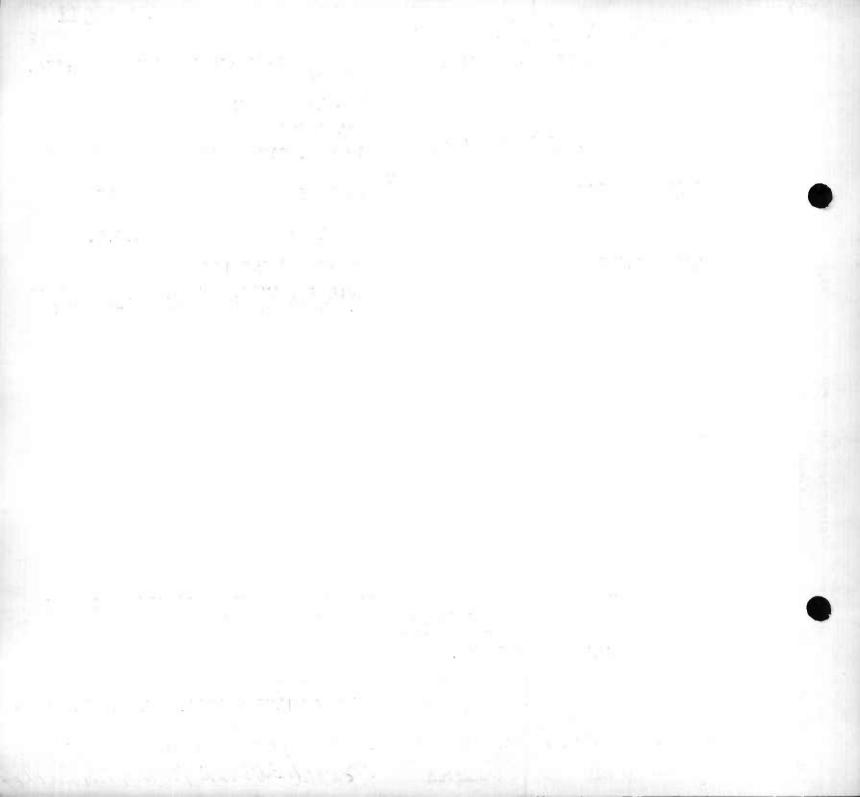


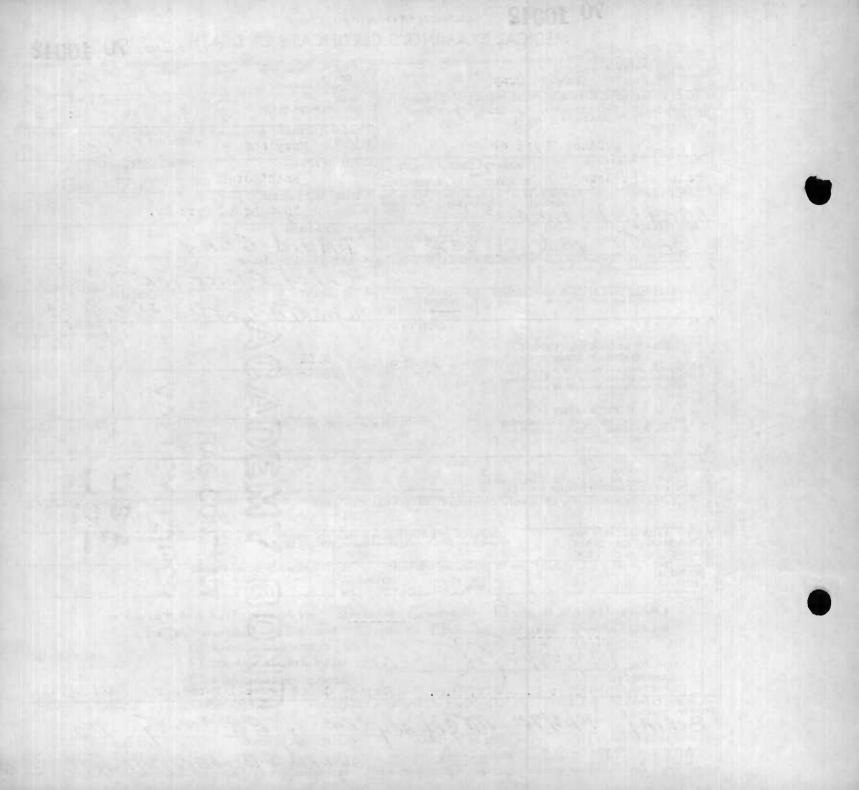
FUNERAL DIRECTOR: IMPORTANT

V-102	, mo	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	70 1	CERTIFICA	TE OF DEATH	REG. NO	70 10040
1. NAME OF DEC	EASED		2. DATE AN	ND HOUR OF DEATH	
(Type or Print)	ary Thereso	2 Preston	101	13 / CO	1700
3. PLACE IN BAL	TIMORE MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhe	re deceased lived. Il ins	titution: residence before admission
SHILL NAME OF			Ilve sivir	4TY	5/0
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET	maryland		06-08
NOITUTITEN	34111	Pratt STreet	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
00			Baltimore		YES NO
00	Battimere	Md 21224	E. STREET AND NUMBER	Pratt ST	21224
5. SEX	6. RACE 17.				ι
F		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE lin years last birthday)	Months Doys Hours Min.
OA. USUAL OCCU	PATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTRI	11. RIPTHPLACE/State or loss	85	
sone caring most of A	rorking life, even if refired)		,	•	12. CITIZEN OF WHAT COUNTRY
Housen			Maryland 14 MOTHER'S MAIDEN NAM		U.S.
3. FATHER'S NAM	11 0	5.4	14. MOTHER'S MAIDEN NA		
Leopo.	1d Ram	Sel	Theresa	HilberT	
5. Was Deceased	Ever in U. S. Armed Forces	? 16. SOCIAL	17. INFORMANT	/////	ADDRESS
es, no or unknown)	ul yes, give wor or doles of				
120		213-01-5181-B	(1	3414 [Frall ST
18. / 7	/XI	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIRECT	CTLY			DETWEEN ONSET AND BEAT
	at meen the made of dy	(A)IMMEDIATE CAI	JSE Carcinom	a OF Bre	as1 15 yrs
heart tailure, c	shenia, etc. It means the	e disease DUE TO, OR AS	A CONSEQUENCE OF:		
	olication which caused de	ath.)	0/2	- 7.	5
	NTECEDENT CAUSES	(B) with	Pleural m	e/as/asc	1 /Yr
DISEASES O	R CONDITIONS, if any	, giving DUE TO, OR AS	A CONSEQUENCE OF: (CE	il plack bear	7297
UNDERLYING	above cause (A) st			Br.	
	11	(c)	***************************************		
OTHER SIGNIFIC	CANT CONDITIONS CONT	PRITING			
I TO THE DEATH	BUT NOT RELATED TO THE 1	ERMINAL			
19A DATE OF	NDITION GIVEN IN PART 1	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20R IF VEC WERE EL	NDINGS CONSIDERED
19A. DATE OF	WAS PERFOR	MED	70	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT	T WAS UNDERLYING I	21B. PLACE OF INJURY (e.g., i		Mt. to Distance of	Cir. Manual Cir.
DEATH Inntify	MING CAUSE OF Comedical examined	hame, farm, foctory, street, a	fice bldg. INJURY OCCUR?	(II in Boilimore	City, give exact location)
)					
21D. TIME OF INJURY	(Month) (Day) (Year) th	1000 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		While At Not While Work At Work	• 🗆		
22. I certify t	hat (1) (this hospital) a	ttended the deceased from		96% to 10	1/12 - 70
	ost sow the deceased o		- 0		19 /
				it In (my) (our) opfnf	on deoth occurred on the dote
ond hour ond	from the couses stated	above (1) (We) (did) (did not) v	lew the body after death.		
23A. SIGNATUR	70	1: 0	NVS-1	BCH Pari 2	38 DATE SIGNED
1600	ve T. me	reces M. D. Atte	nding Med.	Stoff D Time	10/12/20
23 C. PHYSICIAN NAME ITY	rs	O LONEL	23D. ADDRESS	,	14/1-//
0 4	et / m	arous	3807 Junine	r Road, B	allimore Md.
IA. BURIAL CREM	ATION, 248, DATE	24C. NAME of CEMETERY OF CRE			
REMOVAL ISP	ecily)	THE CEMETERS OF CRE		CATION ICity.	lawn, or county) (State)
BURIA		10AKLAWN (om Ba	1to /	110
A. DATE REC'D		NAME OF REGISTRAR	25C-FUNERAL DIRECTOR	2 '	ADDRESS
06 13	970 Vaber 81	Tabley (64)	Agogali)	Jannen	263 SLONKLIN
S 150-REV. 1/1/68			1	/	- 70, 307



C-636, 70 100	a lide	Y HEALTH DEPARTMENT	REG. NO.	70 10044
1. NAME OF DECEASED			AND HOUR OF DEA	TH
CARTER, BA	ABY GIRL CONN	IF LOSEIN SEP	TEMBER 10	, 1979 6:15A
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (VA. STATE & CO	there deceased lived. I	If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND	CITY	8-02
HOSPITAL OR ADDRESS OR LOCATION		BALT I MORE	D. 1	NSIDE CITY LIMITS?
ST. AGNES	HOSPITAL			YES NO
40		E-1865 AND NUMBER	Y STREET	
FEMALE I NEGRO	ARRIED NEVER MARRIED X	8. DATE OF BIRTH 08 15 70	9. AGE (In years lost birthdoy)	If Under 1 Ys. II Under 24 His. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, K			oteign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)			erorgii coomiyy	
3. FATHER'S NAME		MARYLAND 14. MOTHER'S MAIDEN N	IAAAE	U.S.A.
LEROY CARTER				
5. Was Deceased Ever in II S Armed Farens?	16. SOCIAL		EATTIE)	
(es, no or unknown) (II yes, give wor or dotos of se	SECURITY NO.		ES. BALTO DSPITAL RE	O., MD. ADDRESS 21229 CORDS-CATON &
18. 75464 15000	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Congs	mital Heart	Defect to	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE failure		days
heart lailure, asthenia, etc. it means the di	sease.	A CONSEQUENCE OF:		5 w 3
injury or camplication which caused death. ANTECEDENT CAUSES	Pos	Me Commen	. 41	100
	(8)	ou prom	T .	
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating UNDERLYING CONDITION last.	giving DUE 10, OR AS	A CONSEQUENCE OF:	U AGA	
ONDERLING CONDITION IGST.	(c)	7120		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
		NO	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., I home, farm, foctory, stroot, of etc.)	n or obout 21C. WHERE DID	(if In Boltin	nore City, give exect location)
21D-TIME (Month) (Doy) (Year) (House		21F. HOW DID II	NJURY OCCUR?	
IAPPROX)	While Al Nol While Work At Work			
22. I certify that (IX(this hospital) atten	THOIR - AT WORK	_	TA 70 05	DTEMPED 10
that (1) (we) lost sow the deceased alive				PTEMBER 10 19 70
		0 19 70 ond	thot In (my) (our) o	pinion death occurred an the date
and hour and from the couses stated about 23A. SIGNATURE		lew the bady ofter death	•	
0.000	NCO MD.	nding Med.	Shoff 527	238, DATE SIGNED
	OEGREE Phys	Director L	Staff Phys.	9-10-70
23G. PHYSICIAN'S NAME (Typo)		CATON CANALLY	Para Arian	
Lilia A. Lofi	anco M.D. DEGREE		ENS AVES.	BALTO ., MD. 21229
A- BURIAL CREMATION, 24B. DATE	4C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION	(City, town, or county) (Slote)
DURIAL 1/18/10	MT CALUARY	EMERRY A	A ChilliT	y me
OOT - O -	AME OF REGISTRAR	25C. FUNERAL DIRECTO	PR	ADDRESS
	Jake MD	Ward of E.	GLOVER 1	10/NIGATTERSON PK
150-REV. 1/1/68				THE THE THE TANK





B-263

70 10043 BALTIMORE CITY HEALTH DEPARTMENT

	70	10048
--	----	-------

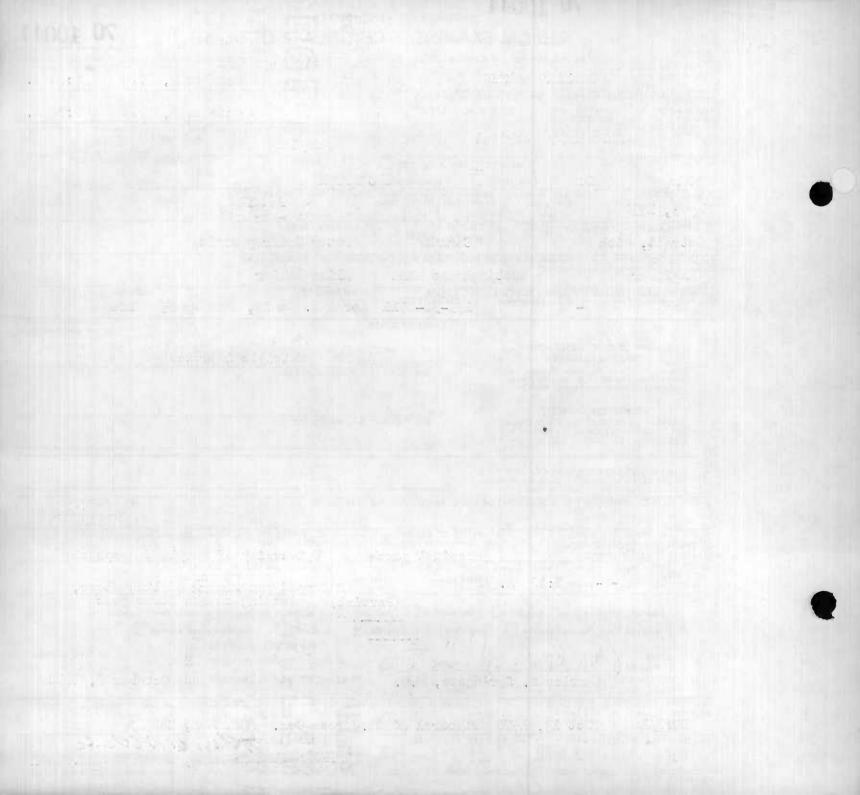
II B	IRTH NO. BOSCHERT	5 Ci	KIIFI	CATE OF	DEAT	REG. NO		10040
II.	NAME OF DECEASED	12	DATE	Known 🔯	Month	Doy	Yeor	Hour
III CI	Thomas J. Beschert		OF	Estimoted	10	9	70	1
4	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3	DEATH		Month	Doy	Yeor	Hour M.
F	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		PRONOL	UNCED DEAD				
l d	OSPITAL ADDRESS OR LOCATION) R INSTITUTION	15	IICHAL D	ESIDENICE (Whose	10	9	70	11:50 рм.
	20	A	. STATE	ESIDENCE (Where		B. COUNTY	residence t	petore odmission)
-	University Hospital			Maryland		4.40		52-00
10.	SEX 7. RACE 8. MARRIED NEVER MARRIED		C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
	male white WIDOWED DIVORCED			Gambrills		, AE	s 🔲	NO X
9.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. if Under 24 Months, Doys, Hours, 1	Hrs. E	. STREET A	ND NUMBER				
12	5-12-1434 34		1	RFD. Box 6	14			
11	. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1:	3. FATHER		1	2 /		1
	MARYLAND WHAT CSUPPRY?		AN	DREW	5/1	Sosel	ert	
14	A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDU	STRY 1	5. MOTHER					
do	CONSTRUCTION CONTRACTORS		ma	nu 1	Vact	- Idas	- W.	
16		11	8. INFORM	MANIT	1001	11000	277	
(Y	es, no of unknown) (if yes, give wor or dotes of syrvice) SECURITY NO.		Ran	10001	34m		DRESS &	1.7
-	100 0104-014 212-34-71		DITIS	DI31517- L	16-4	Bosch		all
	CAUSE OF	DEATH						PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH	ATE CAL	JSE 1	Multiple i	njurie	S		
			A CON SEQ	UENCE OF:				
	injury or complication which coused death.)							
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO.	OR AS	A CONSEC	QUENCE OF:		***************************************		
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
Z	(c)			***************************************				
CERTIFICATION	II .					1914		
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
분	DISEASE OR CONDITION GIVEN IN PART 1 (A).							
18	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS	PERFORM	ED			21. AUTO	PSY? (Yes or No)
_							no	
CAL	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (UNDERLYING OR CONTRIB- home, form, foctory, street,	e.g., in	or obout 2	C. WHERE DID (f in Boltimore	City, give exoc	location)	
8	UTING CAUSE OF DEATH Street	Office B		Dicus Mill	Rd. n	ear Gaml	brills	50111
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E INJURY OCCURR	ED		2F. HOW DID INJ				71 W - A C
	(APPROX.) 10 9 70 8:45p m. WHILE AT WORK	NOT W	K X	passenger	in out	o which	etruc	k tree
	23.	AT WOR	KAI	passenger	III auc	O WILLCII	BELUC	K LIEE
	I certify that I held an Inquiry Inspection	Auton	sy 🗌	and that on th	le hasis	leath In my a	ninian	
		-					1	
	Accident A	icide			1	ed manner _	1	
	ACTUAL IIII 1921 STORY			HIEF MEDICAL E		=	-	DATE SIGNED
		M.D.	ASSIS	TANT MEDICAL EX	(AMINER			
	EXAMINER'S			CIATE MEDICAL EX			Pil	0/00/70
-	NAME (Type) Werner U. Spitz, M.D.			Chief Medi				.0/10/70
RI	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE			RY 24D. L	OCATION	(City, town,	or county)	(Stote)
	BURIAL 10-13-10 DURLACY &	The	Field	Con M	ILLER	SUILL	e . /	ud
25	A. DATE REC'D BY HEALTH DEPT 258, NAME OF REGISTRAR		25C. F	UNERAL DIRECTO	Rod	CI /- AD	DRESS	76
	UUI 13 19/0 Robert E, Jaben M.D.		41	Jun.	-64 10	wad	R	/ .
L			170	BINGHU	much [fare, as	map	uly, MO
A.2	151-REV. 1/1/68		- 1					

8-12-1950 MARY BELL USH PRILEW A. KERSTE Constitution Black and two 1919 part Nove Months and BILLEIME 10-13-70 BURGHAMAYAMAKA BUN FITTERIA LATELA RIN

70 10044

MEDICAL EXAMINER'S CERTIFICATE OF DEA'	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
--	---------	-------------------	-------------	----------

BI	RTH NO.								KEG. IN	0		
	NAME OF DEC		ERNARD	DAJ	IS	2. DATE OF DEATH	Known 🔯	Month October	Doy 8,	1970	9:30	A.,,
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Month	Day	Yeor	Hour	M,	
FU	LL NAME OF				TITUTION, GIVE STREET		INCED DEAD	October	8,		9:30	MI.
OR	NOITUTION	Unive	rsity	Hospi	tal	A CTATE	ESIDENCE (Where laryland		If Institu			sion)
6.	SEX	7. RACE		S. MARS	RIED TO NEVER MARRIED	C. CITY OR	TOWN	D.	INSIDE	CITY LIMITS?		0.00
	Male	Whi	te	WIDOV	VED DIVORCED					YES 🗌	XXON	* "
	ay 3, 19		lost birthdo 40	y)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		731 Terry	Town				
1	Detroit,	Mich			12. CITIZEN OF WHAT COUNTRY?	7.00	er Godfrey					
14A dor	Lnginee	PATION (Giver vorking life, ev	ekind of work en if retired)		OF BUSINESS OR INDUSTRY tinghouse NASA		r's maiden nan ne Ethier	ΛE				
16. (Ye	WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCE:	17. SOCIAL SECURITY NO.	18. INFORA	H. Danis,	came as	#5	ADDRESS Wife		
-	19.				CAUSE OF DEA		n. Danie,	Demic 6.5	11)		PPROXIMATE IN	TERVAL
	1-7	5 /1	X		CAUSE OF DEA	ın					WEEN ONSET A	
	DISEAS	E OR COND		CTLY			26.162.1					
	(This does n	LEADING TO		lng. e.g.,	(A)IMMEDIATE C	AUSE AS A CONSEQ		e injuri	es			
	heart lotture	, osthenio, etc aplication whi	II means the	disease,	DOE 10, OK 2	W A CONSEQ	DENCE OF			-77		
		HECCOLA	CAUCEC									
	DISEASES RISE TO TH	OR CONDITION OF ABOVE CA	ONS, IF ANY	, GIVING	(B) DUE TO, OR	AS A CONSEC	QUENCE OF:					
UNDERLYING CONDITION LAST.												
11												
CERTIFICATION	TO THE DE	ATH BUT NOT CONDITION	TRELATED TO	THE TERM	INAL							
ERT	20A. DATE O	F OPERATION	N 20B. CO	NOMIDN	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
U	2										rtial)	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C, WHERE DID (il in Bohimore City, give exact location) home, form, factory, street, office bidg., etc.) INJURY OCCUR?												
0	UTING CA				Hospital porc		Universit	y of Mar	v1ar	d Hospi	tal	-02
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. 22F. HOW DID INJURY OCCUR?												
(APPROX.) 10-8-70 9:25 A. MARILE AT WORK						WHILE THE	Sumped out	* KRETON	of 1	2th flo	or,	
l certify that I held on Inquiry I Inspection Autopsy X and that on this basis, death in my opinion												
resulted from: Natural couses Accident Suicide					- Partie	micide 🔲	Undetermined	monne	er 🗆			
(a) Oo 1 3 1 -2						CHIEF MEDICAL E	XAMINER [
SIGNATURE hard I amb. M.D.					ASSI	STANT MEDICAL E	XAMINER X			DATE SIGN	VED	
	EXAMIN NAME (ER'S Ch	arles	S. SI	oringate, M.D.	•	CIATE MEDICAL E			tober 8	, 1970	
	A. BURIAL CRE	MATION,	24B. DATE		24C. NAME of CEMETERY	or CREMATO	PRY 24D. I	LOCATION	(City, 1	own, or county) (Sto	te)
	BURIAL				Cathedral of S			ONTREAL,				
25	A. DATE REC'D	BY HEALTH	3 1970	1 / 1	IAME OF REGISTRAR		UNERAL DIRECTO					07
		J. 1	- 701			J Phil	ING FUNER	AL HUME,	AIVI	WALOTTS,	FID . 2.14	O.T.
VS	151-REV. 3/1/6	8 1	130 F. C	1 19								200



/V-232 /U 10045 CERTIFICA	Y HEALTH DEPARTMENT 70 10045
I, NAME OF DECEASED (Type of Print) Charles Nastasi	2. DATE AND HOUR OF DEATH Oct. 12, 1970
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3810 Elkader Road	A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 3810 Elkader Road
5. SEX 6. RACE WIDOWED DIVORCED	8. DATE OF BIRTH 3-9-1890 9. AGE (In yeors of the property of
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it refired) Factory Employee Production	Italy U.S.A.
73. FATHER'S NAME ? Nastasi	? Brunetta
15. Was Decoused Ever in U. S. Armed Forces? (Yes, no or unknown) of Uses, give wor or doles al servicel SECURITY NO. 215-09-1442	Mrs. Paola S. Nastasi Same
injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. (B)	A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTINO CAUSE OF home, form, foctory, sheet of pearth (notify medicol exominer)	in or about 21C. WHERE DID (It in Boltimore City, give exact location) lince bldg, INJURY OCCUR?
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While (APPROX.) Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) ottended the deceosed from that (I) (we) lost saw the deceosed alive on the course stated and hour and from the causes stated above. (I) (We) (did) (did not) very stated as a superior of the course stated above.	238, DATE SIGNED
DEGREE Phys	1520 E. 33rd Street
Burial 10-14-70 Parkwood	Parkville, Md.
OCT 13 1970 Under E Jacker 1	25C. FUNERAL DIRECTOR Sons Co., ADDRESS OF CO., Md. 2121



FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/68

REG. NO. 70	10016
	10040
D HOUR OF DEATH	0.0
re deceased lived. Il institutions	1 9 ° A M.
re deceased lived. Il institution: TY	residence belore odmission)
- 3.	27 12
D. INSIDE CITY	UMITS?
€ YES [NO
MELROSE,	4U e
9, AGE (In years II Uni	der 1 Yr. II Under 24 Hus
AGE (In yeors II Un Month	der 1 Yr. II Under 24 His. S Doys Hours Min.
gir country	TIZEN OF WHAT COUNTRY?
2-20	USA.
AE	
AUT ERICH	PERSHING DA
T HEIST A	ADDRESS
THE GELL	R.
KE W ND) 8(PERSHING DA
11.11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ultiple absures	

•	

V 0	
Y.S.	
208 IE VEC WEST SINDING	CONCIDENCE
20 R. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
M to Dollar Co.	
(If In Boltimore City, gl	ve exect location;
RY OCCUR?	
7 s to 10	/ 13
13 ta 13	19.70
t In(my) 🛺 apinian dec	th accurred an the date
	TE SIGNED
haff hys.	/12/70
	1,-1,-
DRIAL 11.	DITAL
CATION (City, town,	or county) (Smin)
odlawa Palta	Co A A A
odlawn Balto.	
ne & Sone Co	ADDRESS
ork Road Balto	., Md. 21212



11)-4/16	BALTIMORE CITY	HEALTH DEPARTMENT	70 10047
BIRTH NO. 70 10047.	CERTIFICA	TE OF DEATH REG. NO	. 10047
(Tunn - B.2-4)	. Woelper	2. DATE AND HOUR OF DE. Oct. 9, 1970	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM	OUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TITUTION, GIVE STREET	Maryland	9-03 INSIDE CITY LIMITS?
3625 Elkader Road		Baltimore 21218	YES NO
		3625 Elkader Rd.	
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 He Months! Doys Hours Min.
WIDOWE		8/21/1902 last birthday 68	74112
10A. USUAL OCCUPATION (Give kind at wark 10B, KIND dane during most of warking life, even if refired) Homemaker OW	of Business or Industry n Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George W. Jefferson		Katherine Waldron	
5. Was Deceosed Ever in U. S. Armed Forces? Yes, na or unknown) (If yes, give war of dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	215-09-60451	B Edmund F. Woelper	(Same)
18. 4/0.91	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		HYOURDIN INFAM	CTIME BETWEEN ONSET AND DEAT
This does not mean the mode of dying, e.g	(A) IMMEDIATE CAU	SE	11-16
heart failure, asthenia, etc. It means the diseast injury or camplication which caused death.)	e, DOE 10, OK A3 ,	CONSEQUENCE OF:	
	NOTIZ	MASCHERALIC HRAS	1 7 401
ANTECEDENT CAUSES			1 10
DISEASES OR CONDITIONS, if any, givin rise to the above cause (A) stating the UNDERLYING CONDITION last.	g DUE TO, OR AS	A CONSEQUENCE OF:	26
II.	(0/		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	•		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED 21A ACCIDENT WAS LINDERLYING [7]	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21 ho	B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	more City, give exact location)
DEATH Inotify medical examined ele	me, larm, lactory, street, all	ce bldg., INJURY OCCUR?	more City, give exact location)
	E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
HAPPROX	hile At Not While At Work		
22. I certify that (1) (this hespital) attended		10/30 10/3 40	12/0
that (1) (we)-last saw the deceased alive on.		17 (10,000)	
	/ // -	and that in (my) (our)	plaise death accurred on the do
and haur and from the causes stated blave.	(i) (me) pard) (did nat) vi	ew the bady after death.	
Se ollo, Cole	Atten Phys.	ding Med. Staff Director Phys.	13 P 9 10
NAME (Type) Dr. Stuart D	2:	201 E. 33rd Street	
4A. BURIAL CREMATION, 24B. DATE 24C.N	AME OF CEMETERY OF CREA		
REMOVAL (Specify)	altimore	Baltimo	
	OF REGISTRAR	25C.FUNERAL DIRECTOR .	ADDRESS
OCT 13 1970 Robert E. Jan	Ben RA O	25C FUNERAL PRECTOR INS & Soil Of U4905 York Road	ns Co.
S 150-REV. 1/1/68		, , , , , , , , , , , , , , , , , , , ,	- Dato., 1VIU. 212



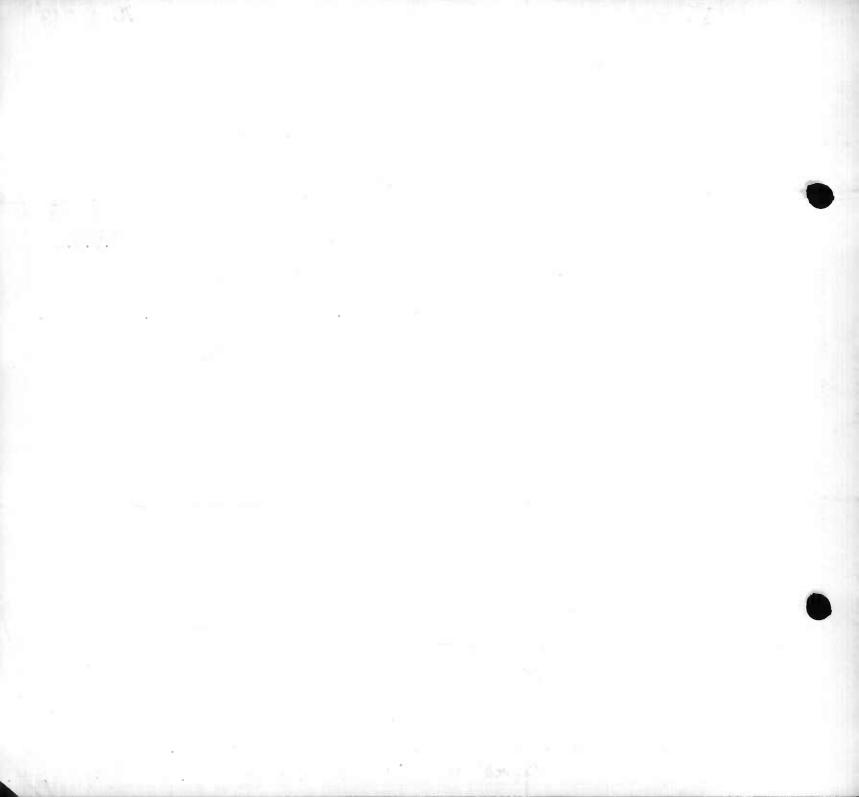
IMPORTANT

FUNERAL DIRECTOR:

D. TA	>		BALTIMORE CITY	HEALTH DEPAR	TMENT		mo		
BIRTH NO.	70 10	048	CERTIFICA	TE OF DE	ATH	REG. NO	/U	10048	3
1. NAME OF DE (Type or Print)	ESTHER	SARA	RIADI	,		D HOUR OF DEATH		- 4	
3. PLACE IN BA	ALTIMORE MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESID	ENCE (When	e deceased lived. If in		× -	- A N
FULL NAME OF				A. SIAIE	B. COUN	TY	-	. /	
HOSPITAL OR	F (IF NOT IN HOSPITA ADDRESS OR LOCA	TION)	N. GIVE STREET	C. CITY OR TOW	NI .	la me	ne cinile	14-0	/
1				BALTI			IDE CITY (II	_	7
UNISA	MENORIA	6 Hos	PITAL	E. STREET AND		_	YES	NO	<u> </u>
		- 4		301	Mei	MECHEN	E	7	
5. SEX	6. RACE	7. MARRIED 1	NEVER MARRIED	8. DATE OF BIRTH	1 9	9. AGE (In years last birthday)			nder 24 His
F	WHITE	WIDOWED	DIVORCED	7-14-	20	714	Months	Doys Hours	Min.
OA, USUAL OCO	CUPATION (Give kind of work	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE	State or forei	gn country)	12. CITIZ	EN OF WHA	COUNTR
one during most of	working life, even it refired)	_		60013					
3. FATHER'S NA				14. MOTHER'S M				USA	
1-	REE A. RY	4			,	-	_		
				416	15	KRAUS	C		
Yes, no or unknow	d Ever in U. S. Armed Forcen) (If yes, give wor ar dotes	of service)	SOCIAL SECURITY NO. 14-22-136	FOUNAR I	1 6.6	RICH TR.	1007	ADDRESS	NAT10
po	-	12.	14-22-136	9 MED.	046	RECOP	cd 131	ANK C	3606.
18.	10,9		CAUSE OF DEATH	1					
DISEA	SE OR CONDITION DIR	ECTLY	Muson	rad.	. 0	wharch	3	SETWEEN ONSE	T AND DEAT
(Thin does	LEADING TO DEATH		(A) IMMEDIATE CAU	SE	ar	my for the	m	20	della
heart failure.	nal mean the made of , asthenia, etc. It means	he disease		CONSEQUENCE)F;				
injury at car	mplication which coused	death.)							
	ANTECEDENT CAUSES		(0)						
DISEASES	OR CONDITIONS, if a	ny, giving	(B) DUE TO, OR AS	A CONSEQUENCE	OF:				
un DERLYIN	e abave cause (A) G CONDITION last	stating the							
-	11		(c)	*****************					**********
OTHER SIGNI	FICANT CONDITIONS CON	TRIBITING							
= IIO THE DEA	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	TEDMINIAL	************************						
U ITOA. DATE OF	F OPERATION 1198, COND	ITION FOR WHIC	H OPERATION	20A. AUTOPSY?	(Yes or No)	208, IF YES, WERE F	INDINGS	CONSIDERED	
21A. ACCIDE	WAS PERFO	RMED		No	,	IN CERTIFYING CAL	ISES OF D	EATH?	
21A. A CCIDE	NT WAS UNDERLYING UTING CAUSE OF	218. PLA	CE OF INJURY (e.g., in	ar obout 21 C. WHI	RE DID	(li In Boltimore	City, give	exoct location	}
DEATH (natify	medical examined	hame, fa	rm, factory, street, aff	ce bldg. INJURY (CCUR?		-1.77 9110	9X501 100011011	,
21D. TIME OF INJURY	(Manth) (Doy) (Year)	(Haud 21E INJI	JRY OCCURRED	215 1101					
OF INJURY		While At	Not While	217. 1100	חנאו פום א	RY OCCUR?			
			AI WORK		-				
22. I certify	that (4 (this hospital)	attended the de	ceased fram C	oct. 1	3 19	7 a to	OCT.	12	970
that (1) (%)	last saw the deceased	alive on	OCT. 12	19 7 -	and tha	in (my) (þer) opin	ian death		
and haur an	d from the causes state	d obove. (I) (W	(did) (did not) vi	ew the hady after	as donah	, , , , , , , , , , , , , , , , , , , ,			
23A. SIGNATU	JRE				n deom.		23B. DATE	SIGNED	
Lei	for y	2 11	M. Alten	ding Med	. m s	haff hys.	1-	/ /	
23C. PHYSICIA	IN'S	-Ca a	D T O NELL	D. ADDRESS	ctor L P	hys.	13/	12/7	3
NAME (T	ypel See	m Ter		The state of the	12 1	red acts	red	7	
4A. BURIAL CRE	MATION OUR DATE	Pao	M D. DEGREE	UNION	MEI	nsRill'			C.
KEMOVAL (Specify!		OL CEMETERY OF CREA		24D. LO	CATION (City	, town, or	county)	(State)
	urial 10-15-70	Mas	onic Cemet			ew Orleans			La.
SA. DATE REC'D	BY HEALTH DEPT	SE NAME OF RE	GISTRAR	25C. FUNERAL				ADDRESS	
[العالما	TO BUT 1000	C. Vaccion	AGA	79 490	5 POR	ns & Sons k Road Ba	160	Md. 2	1212
S 150-REV. 1/1/	68						,		

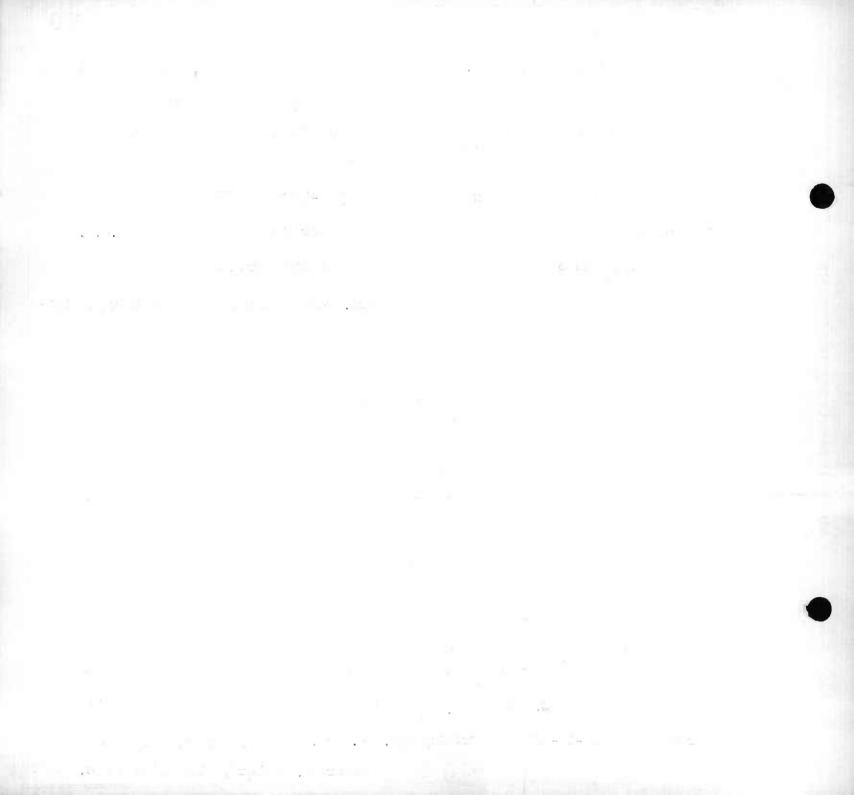
fire and the second

T121			BALTIMORE CITY	HEALTH DEPARTMENT		70 10010
# 600 BIRTH NO.	70 1	0049	CERTIFICA	TE OF DEATH	REG. NO	10043
1. NAME OF DEC	0110-	11 -	- 1	2. DATE	AND HOUR OF DEATH	45- 4
2 PLACE IN BALL	1/// 2/2	V. FOR	ed	10	-7-70	1 30 M
S. PLACE IN BAL	IMORE, MARYLAND, V	WHERE PRONOUNG	CED DEAD	A. STATE B. COU	nere deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTIO	ON, GIVE STREET	MARYLAND	7	19-03
MOTUTION	Secours	Hospi-		C. CITY OR TOWN	-	IDE CITY EIMITS?
BON	- W. FAYE		7	E. STREET AND NUMBER	RC_	YES NO
2000	10000	MARILLAN	d 51223	334 S	T. //.	1
5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Female	white	WIDOWED	DIVORCED	5-8-14	lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCU	PATION (Give kind of world	10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Slote at lo	reign country)	12. CITIZEN OF WHAT COUNTRY
ane during most at w	(Orking life, even if refired)	moss 34	opts wear		,,	122 CHIZZER OF WHA! CODNIK!
3. FATHER'S NAM	stress	Shirt	Co	Maryland		U.S.A.
5 Was Daniel	Oscar W.	Ford		Ella May K	Canley	
Yes, no or unknown)	Ever in U.S. Armed For (If yes, give wor ar date	s of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		2	16-03-2721	Mr. Charles	Ford 33h	S.Fulton Ave.
18. 4/0	54 1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	OR CONDITION DI	RECTLY		10 11 11	, , ,	BETWEEN ONSET AND DEATH
1	EADING TO DEATH	duine an	(A) IMMEDIATE CAU		i RateRV ax	Rest minuts
heart failure, a	islhenia, etc. Il means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	, , , , , , , , , , , , , , , , , , , ,	***************************************
	lication which coused		11	1 .		
	NTECEDENT CAUSES		(B) NIASS	We coronak	y thromb.	Si hours
DISEASES OF	CONDITIONS, if above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	/ /	
UNDERLYING	CONDITION last.	siding ine	10 Conge	estive heart	kelunge	Davs.
	- 11				/*	
OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING				
	BUT NOT RELATED TO THE	T 1 (A).	***************	** **** ******************		
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes at N	O) 20B, IF YES, WERE IN CERTIFYING CA	INDINGS CONSIDERED
A CCIDENT				no	CEMITING CA	DIES OF DEATH!
OP CONTRIBUTE	WAS UNDERLYING	home, fo	CE OF INJURY (e.g., in orm, foctory, street, off	ar about 21 C. WHERE DID	(If In Baltimar	e City, give exact lacation)
	medical examined	etc.)				
21D.TIME	(Month) (Doy) (Year)	(Hour) 21E INJ	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		White A	Not While			
22. I certify t	hat (1) (this haspital			10-0-	10/// /	10-70 1071
	ast saw the decease			19.70 and th	.19 <u>//</u>	19 20
						nian death accurred an the date
23A SIGNATUR		es anave. (I) (W	e) (aid) (did nat) vi	ew the bady after death.		DATE CICALED
((ATA)	12 11 Na	WZ 11	2) Atten	ding Med.	Staff [7]	23R DATE SIGNED
23C. PHYSICIAN	rs of jour		DEGREE Phys.	Director L	Phys. Le	10/1/10
NAME (Ty	(natallia	A. D.	12 110	BM Deco	ASS Har	Intal
4A. SIIDIAL COLL	Velavio	11. 160	DEGREE	10000		rugy
AA. BURIAL CREM REMOVAL (Sp	ecify) 248. DATE	24C. NAME	of CEMETERY at CRE	MATORY 24D. L	OCATION (Cit	y, town, at county) (State)
Buria	1 10-10-	1970 Lou	don Park	Cemetery Wi	lkens Ave.	Baltimore, Md.
个 9 看 看别	T HEALTH DEPT.	258 NAME OF RI	GISTRAR	25C. FUNERAL DIRECTO	R ₃	ADDRESS
- To 19/0	ACRONIZE ST AS	Ben KA	0 0 0	Hubbard Fur	deral Hm. 1	107 Wilkens Ave
'S 150-REV. 1/1/68						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief mec the body was released to the hospital by a medi shows: (1) An accident of any nature; (2) Body bur was D.O.A. at a hospital (except where the phys deceased prior to death); and (6) No physician wuitten approval must be obtained before the rem	

T 111	- 50	0~0	BALTIMORE CITY	HEALTH DEPARTMENT		70 400 70
BIRTH NO.	70. 10	เบอน	CERTIFICA	TE OF DEATH	REG. NO	70 10000
(Type or Print)		-	444		AND HOUR OF DEATH	
3. PLACE IN BA	Ireland,	Frances	E.	Oct	ober 7th,197	70 7:55 A ninstitution: residence before admission
		HERE PRONO	ONCED DEAD	A. STATE B. CO	nere deceased lived, If i	nstitution: residence before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC.		UTION, GIVE STREET	Maryland c. City or town	Baltimore	E ()
4/1	Saint Agnes H	ospital		XXXXXXXXX AI		YES X NO
10	Caton & Wilk	ens Ave	21220	E. STREET AND NUMBER		
		t.	21229	1233 Circle D	rive 21227	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months! Doys Hours Min.
F	White	WIDOWED	DIVORCED [9/30 -1883	87	None Polys
done during most o	SUPATION (Give kind of work f working life, even if retired)	108 KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTR
Housewi:				Maryland	1	U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N		
Jo	seph Keene			Adelia	Tregoe	
5. Was Decease	d Ever in U. S. Armed For	cos?	16. SOCIAL	17. INFORMANT		ADDRESS
No	n) (If yes, give wor or dote	s of service)	SECURITY NO.		1222 04	
118. ///			CAUSE OF BEAT	Mrs. Donald He	enry, 1233 C1	crcle Drive 21227
7/	SE OR CONDITION DI		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEA	LEADING TO DEATH	RECTLY	acute	Myocardial	moderatus	~ 10-
(This does	not meen the mode of	dying, e.g.,	(A) WHITE CAU	SE / CONSEQUENCE OF:	o jancia	anoven
noon milute,	aslhenio, efc. If means	the disease.	DOL 10, OK A3	A COMSEQUENCE OF:		
	ANTECEDENT CAUSES		451	21/0		
DISEASES	OR CONDITIONS, if	any siving	(B) OR AS	A CONSEQUENCE OF:		***************************************
rise to fi	e obove cause (A)	slaling the	50E 10, 0 K 75	A CONSEQUENCE OF:		
UNDERLYIN	G CONDITION lost.		(c)	***********************		
Z OTHER SCORE	11				SO 0	
TO THE DEA	FICANT CONDITIONS CONTINUES TO THE	E TERMINAL	Conses	hime Keast	Failure	
19A.DATE OF	ONDITION GIVEN IN PART F OPERATION 198 CON	1 (A).	0	20A. AUTOPSY? (Yos or I		
OTHER SIGNI TO THE DEA DISEASE OR CO 19A-DATE OF	WAS PERF	ORMED	THE OTERATION	TOW WO IOL 214 (102 OL)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	218,	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	III la Reliimes	e City, give exoct location)
DEATH (notify	UTING CAUSE OF medicof examinar	hometc	e, form, foctory, street, off	ice bldg., INJURY OCCUR?	(ii iii boiiimor	e City, give exect location;
	(Month) (Doy) (Your)	(Hour) 21E.	INJURY OCCURRED			
OF INJURY	totolillo (boy) (100)		fo At Not White	21F. HOW DID IN	IJURY OCCUR?	
		Wor	ALL MACIN	_		
22. I certify	that (1) (this hospital)	attended th	e deceased from		.19ta	19
that (1) (we)	last sow the deceased	i olive on	***************************************			nton death occurred on the dote
and hour on	d from the couses state	ed abave. (I)	(We) (did) (did not) vi	ew the bady after death.	-	
23A. SIGNATU	JRE	1	2			23B, DATE SIGNED
100	to OG	1	Atter	ding Med.	Staff Phys.	10/7/70
23C. PHYSICIA	IN'S	200		3D. ADDRESS	Phys. 🗀	. 17773
NAME IT	** .	Henl-	. /	1311 Francis	100 R-1	40. md 21227
4A. BURIAL CRE	MATION, 248. DATE	. Healy	ME of CEMETERY OF CRE			
REMOVAL P Burial				61 6		ly, fown, or county) (Stote)
BUTTAT			Trinity Eps.		urch Creek,	1-11-11-11-11-11-11-11-11-11-11-11-11-1
OCT 1	3 1970 Valle &	SE NAME O		Howard H. Hub	bard, 4107 W	Vilkens Ave. 21229
'S 150-REV. 1/1/	68	1 3		4 9.9	11	



Burial
25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

10-9-1970

2

Loudon Park Cemetery

258. NAME OF REGISTRAR

Baltimore, Maryland

ADDRESS

21229

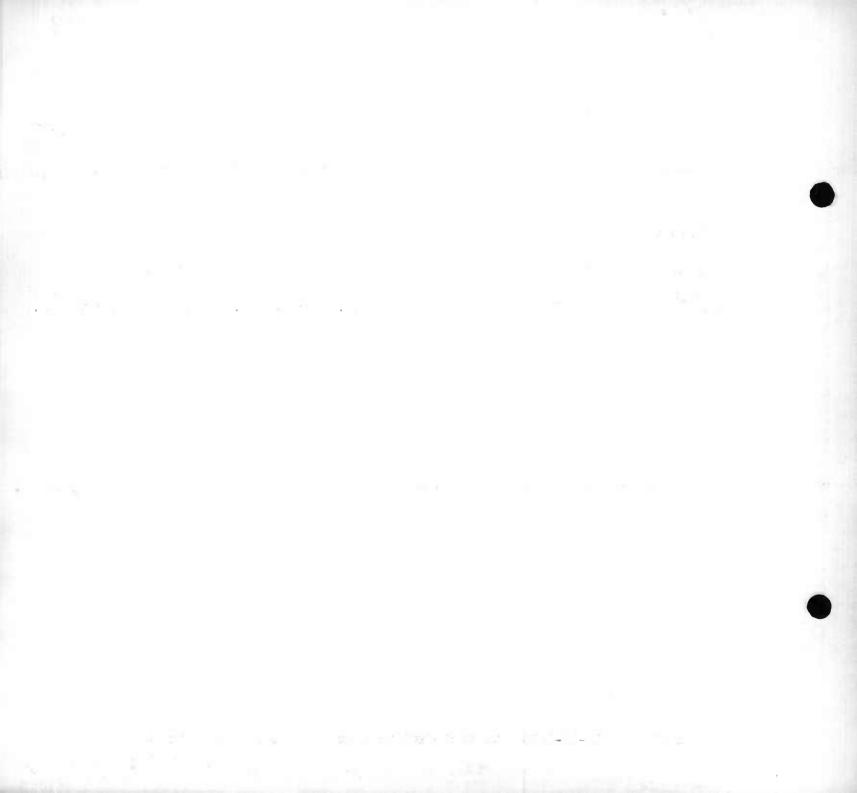
25C. FUNERAL DIRECTOR ADDRES HOWard H. Hubbard, 4107 Wilkens Ave.

Such

1/16	A 190		BALTIMORE CITY	HEALTH DEPARTA	MENT		70	1000	-0
BIRTH NO.	0 70 10	051	CERTIFICA	TE OF DEA	HTA	REG. NO	4.0	1005	1
1. NAME OF DE				2.	DATE AND	HOUR OF DEATH			
	EDMUND		HOOPES		Octob	er 6, 1970			
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDEN	B. COUNT	deceased lived. If in	stitution; reside	ence before	admissia
FULL NAME O HOSPITAL OR INSTITUTION	F IIF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	TUTION. GIVE STREET	Maryland c, City or town	<u> </u>	D 18161	DE CITY LIMIT	1-03	3
				Baltimor	*0	0. 11431	YES K		7
21/ Ba	n Secours Hos	n i 40 1		E. STREET AND NO			153 [-]	NO	
	ltimore Mary			1715 W. L		Street			
5. SEX	6. RACE		X NEVER MARRIED	8. DATE OF BIRTH		AGE (In years	16 11-4 1	V 1/ 11	1 24 11
Male	White	WIDOWED	= =	9-12-1887	lla	st birthdoy)	Months Do	ys Hours	der 24 Hrs Min.
			DIVORCED DIVORCED DIVORCED			83			
dane during mast a	of warking tife, even il refired)					country)	12. CITIZEN		COUNTR
Retired		B.O.R.	R.	Maryl			U.	S.A.	
3. FATHER'S NA	AME			14. MOTHER'S MAI	DEN NAME				
	eorge W.	Hoopes		Caroli	ne M	fund			
res, na ar unknow	n) (If yes, give wor or dot	rces: es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			AD	DRESS 2	21223
No			705-09-3980	Mrs. Marth	a R. F	loopes, 171	5 W T.O	mba rd	S+
18. 4/	1) . (1)		CAUSE OF DEATH			, u,		PROXIMATE	
DISEASES	LEADING TO DEATH not meen the mode of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) IG CONDITION last,	the disease, deoth.)	(B) Porter	A CONSEQUENCE OF:	Carlin	Infanch Vese dise	5 / l	Sever	uf-n lyn
TO THE DEA	IFICANT CONDITIONS CO THE BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL	***************************************						
19A. DATE O	F OPERATION 198 CON WAS PER	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? IY		208, IF YES, WERE F	INDINGS COI	VSIDERED	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examined		PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE	E DID CCUR?	(if in Boltimore	City, give exc	oct location)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED Not While At Work	21F. HOW	DID INJUR	Y OCCUR?			
	y that (1) (this hospital) last saw the decease		7	March /	priliment /	in (my) (our) apin	Lan death of	L. L.	9
and hour an	d from the causes stat	ed abave. (i) (We) (did) (did not) vi	ew the body after	death.				
23A. SIGNAT	Lui.	A 4	1 45	nding Med.	☐ She	off	23 B. DATE SIG	NED	
23C. PHYSICIA NAME (Lewis P.	Gundr	DEGREE 2	3D. ADDRESS 3350 Wilker			Md	10	
4A. SURIAL CRE	EMATION, 248. DATE	24C. N.A	ME OF CEMETERY OF CRE		24D. LOC			-to-I	184
REMOVAL	(Spaciful	-101111	of CKE		ZAD. LOC.	ALION ICITY	, town, or cou	ntyl	(State)

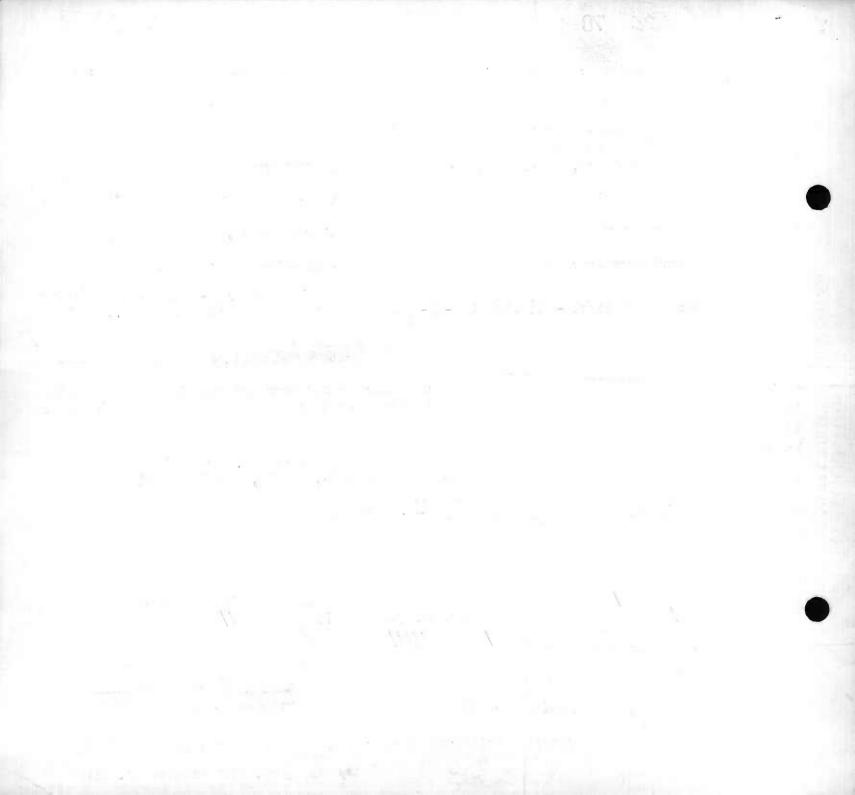
···· Maria de la compansión de

	1/2/1	1		BALTIMORE CITY	HEALTH DEPARTME	NT		
1.2	4-540	70 10	052	CERTIFICA	TE OF DEAT	H REG. NO	<u> 70 </u>	10052
	TH NO.	SFD		GERTITICA.				200-4
	pe or Print)	ENRY F	Ч:-	701	2. DA	TE AND HOUR OF DEATH		6.45 n.
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: reside	- · · · · · · · · · · · · · · · · · · ·
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	COUNTY		50-110
HC	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOCA	TION	O HON, GIVE SIREE!	C. CITY OR TOWN	BALTIM!	DE CITY LIMIT	\$?
1					BALTIMO	RE	YES	NO Q
T	BON S	SECOURS			E. STREET AND NUM	BER	-	
5. S	EY 14	RACE	17			RFEN KOAL		
		CAUCASIAN	MARRIED WIDOWED		2-24-00	9. AGE (In years last birthday)	If Under 1 Months Da	Yr. If Under 24 Hrs. ys Hours Min.
10A	USUAL OCCUP	ATION (Give kind of work rking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole		12. CITIZEN	OF WHAT COUNTRY
	ireman	rking life, even if reffred)			MARYLA	MD	Un;	TED STATE
_	FATHER'S NAME		l		14. MOTHER'S MAIDE		0,01	TEO SIMIE
	Tohn	HITTEL				BuckHEis	~	
15.	Vas Deceased Ex	or in II S Armed For	ces?	1 6. SOCIAL	17. INFORMANT	OUCKHEIS	TER	DRESS 0100
(163	YES	t yes, give war or dote	s of service)	SECURITY NO.				2122
	XXXXXX 18,	WWI		216-32-9895 CAUSE OF DEATH		eth P. Holz, 60		
	710	OR CONDITION DIS	ECTIV	CAUSE OF DEATE			BETW	PPROXIMATE INTERVAL VEEN ONSET AND DEATH
	LE	ADING TO DEATH		(A)IMMEDIATE CAU	e Ventricl	e fibrillation		20 min
	(This does not heart failure, as	meon the mode of thenio, etc. It means	dylng, e.g.,		CONSEQUENCE OF:	J		
- 1	injury or compli	calian which caused	deoth.)	00	4 . 4	. 0 /		13
	AN	TECEDENT CAUSES		(8)	yotandial is	nfarelion		
	DISEASES OR	CONDITIONS, if obove couse (A)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	/		
	UNDERLYING	CONDITION lost.	stotling tua	(c)	2.21			
-		11						
ဋ်	IO THE DEATH I	ANT CONDITIONS CON	E TERMINAL					
Š	DISEASE OR CON	IDITION GIVEN IN PART	1 (A).	WHICH OPERATION	120A ALIXOBENA (Voc	New 200 to was these		
CERTIFICATION	0	- WAS PERF	ORMED	THICH OPERATION	/Y	or No. 208, IF YES, WERE IN CERTIFYING CAL	ISES OF DEA	N SIDERED TH?
	21A. ACCIDENT	WAS UNDERLYING	218,	PLACE OF INJURY (e.g., in	or obout 21C, WHERE D	DID (It in Boltimore	City, give exc	act location)
정	DEATH (notify me	NG CAUSE OF	etc.)	e, larm, foctory, street, off	ice bldg., INJURY OCCL	J R?		,
	21D. TIME (A	Aonthi (Doy) (Year	(Houd 21E	INJURY OCCURRED	21F. HOW DI	DINJURY OCCUR?		
2	OF INJURY (APPROX.)	-	Whi	le At Not While			1	
	22. Legatify the	at (1) (this hospital)	Wor		9/14	70	10/	¥ 4/1
		st sow the decease		deceosed from	19 70 0	19 <u>70</u> to	14/	19_70
	•			\(\mathrea{W}_{-}\)\(\lambda\)\(\lambda\)		nd that in (my) (our) opin	lon deoth o	ccurred on the dot
	3A. SIGNATURE) (We) (did) (did not) vi	ew the body ofter de	oth.	238, DATE SIG	GNED
		Desuma	K. Pru	ksapong Atten	ding Med.	Stoff Phys.	/O/	17/20
	23C. PHYSICIAN'S NAME (Type			DEGREE 2	3D. ADDRESS			/-
		KUSUMA K. P	RUKSAR		Bon a	leeours Hospi	Tal	
24A.	BURIAL CREMA	TION, 248. DATE	24C. NA	ME of CEMETERY OF CREA	MATORY 24		y, town, or cou	untyl (Statel
	Buria1	10-10-1	970 Net	w Cathedral Ce	1	Baltimore, Mar		
25A		HEALTH DEPT.	258 NAME O	F REGISTRAR	25C. FUNERAL DIRE			ADDRESS Z
U	01 T3 19	10 Kobert E.	Jaben ?	kd,0 0 0	HUBBY	e. Coli	Kerne	DDRESS #2
/S 1	50-REV. 1/1/68				- F2 F2	- I HAVE	X1 CTE 16	27 (



6	5-300	BALTIMORE CITY	HEALTH DEPARTMENT		מכי ביים
	RTH NO. 70 10058	CERTIFICA	TE OF DEATH	REG. NO.	70 10058
(Ty	NAME OF DECEASED (PO or Print) SCOTT, ANNIE,	ELIZABET	TH 2. DATE A	OBER 5, 19	70 , 8:30P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE			ero deceosed lived. If in	stitution: residence before admission
He	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	MARYLAND C. CITY OR TOWN	7.0	25-53 DE CITY LIMITS?
1	ST AGNES HOSPITA	1	BALTIMORE	D. 11431	YES NO
	1/A	L	E. STREET AND NUMBER		120
=	40		2048 HARRION	XXXX Harman	Avenue
	SEX 6. RACE 7. MARRIED NE	VER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
-	EMALE WHITE WIDOWED	DIVORCED _	10/19/07	62	
901	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUST) de during most of working life, even if refired)	less or industry		eign country)	12. CITIZEN OF WHAT COUNTR
	OUSEWIFE		MARYLAND		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	George E. Zeitler		MARGARET	E. Walters	
5. Yo:	Was Deceased Ever in U. S. Armed Farces? 16. 50 5. no or unknown) Uf yes, give war at doles of sorvice)	CURITY NO.	17. INFORMANT	BALTO	MD 29229
		-30-8663	ST AGNES RE		ENS & CATON AVI
_		CAUSE OF DEATH		OONDO MILK	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		1 1		BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE Fleute pyr CONSEQUENCE OF:	lonephrit	is
	heart failure, asthenia, etc. It means the disease.	DUE TO, OR AS A	CONSEQUENCE OF:	ecer-	***********************************
	injury or complication which caused death.) ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, giving	(B) OUE YOU OR AS	beles mell	ilus, ure	manue.
	rise to the above cause (A) stating the UNDERLYING CONDITION tast.		ecene out		
z	11 (0	e) ello	ecene out	zoreo-w	fer tela
-	TO THE DEATH BUT NOT BELATED TO THE TERMINAL) succe	n abdon	ninal was	and interprin
Ü	DISEASE OF CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH	OPERATION	120A. ALITORSY2 (Vas. o. N.	N 200 10 VEC 11100 F	
ERTIFI	09/01/70 WAS PERFORMED GANGRENOU		20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
۷Į	21A ACCIDENT WAS UNDERLYING TO 1218 PLACE	OF INTURY (a.g. la	or chaut 21C WHERE DID	(If in Baltimare	City, give exoct locotion)
3	DEATH (natify medical exominer) hame, farm	, foctary, street, affi	ce bldg. INJURY OCCUR?	,	only give exect teconon;
히	21D-TIME (Manth) (Doy) (You) (Hour) 215 INJUR	Y OCCURRED	21F. HOW DID IN	URY OCCUR?	
٤	OF INJURY (APPROX.) White At	No! White			
	Wark L 22. I certify that () (this hospital) attended the dec	At Wark		70 0070	
	that (X) (we) last saw the deceased alive on OCT			19 <u>70 10 OCTO</u>	BER 5 1970
			19 <u>/ U</u> and th	at in/(m/y) (aur) apini	an death accurred on the date
	and haur and from the causes stated above. XI) (We)	(did) (did hot) vi	ew the bady after death.		
		M.D Atten	diag C Med C		23R DATE SIGNED
	Tricke Boonswang	DEGREE Phys.	LJ Director LJ	Staff Phys.	
	23C. PHYSICIAN'S NAME (Typo)		BD. ADDRESS	BALTIN	10RE MD 21229
4.4	PR. PRICHA BOONSWI		T AGNES HOSP		
4A	BURIAL CREMATION, 248. DATE 24C.NAME of REMOVAL (Specify)	CEMETERY OF CREA			town, or county) (Stoto)
	Burial 10-9-1970 Baltimo		l Cemetery B	altimore, Ma	ryland
:5A	OCT 1 3 1970 (Color & A.D.		25C, FUNERAL DIRECTOR		ADDRESS
	7. 1010	0 0 0	Howard H. Hub	bard, 4107 W	ilkens Ave. 21229
1	150-REV. 1/1/68				

VS 151-REV, 1/1/68



6-340 BIRTH NO.	70	10056
BIRTH NO		

BALTMACDE CITY HEALTH DEDARTMENT

REG. NO	70	40	0.56
KEG. 140	-	F it	

Type or Print 3. PLACE II FULL NAMHOSPITAL NSTITUTION SEX Male OA. USUAL Oppe. 3. FATHER John 5. Wos Deceles, no or un No 18.	Baltimore Baltimore Baltimore AP40 Eas Baltimore 6. RACE Whit OCCUPATION(Give out of working life, ever MARE GOENTZ COSSED Ever in U. S. CHOWN) SEASE OR CONDILEADING TO	MIN HOSPITAL SOR LOCAT THE CITY STEPN A THE MIN HOSPITAL THE CITY	L OR INSTITUTION Hospita ve. 21224 MARRIED K WIDOWED 06, KIND OF B	NOON, GIVE STREET ALS NEVER MARRIED DIVORCED USINESS OR INDUSTR L. & Tyler (Mary C. CITY Ba: E. STRE 36 8. DATE 9-27 11. BIRTI	AL RESIDENCE (WHE E. COUVE PLAND OF TOWN LITIMORE ET AND NUMBER OF BIRTH	D. 1 Deard St. 9. AGE (In years lost birthday) 71 eign country)	II institution: residence	Md. 2122 II Under 24 Hrs Hours Min,
SEX Male OA. USUAL lone during n Oppe S. FATHER John 18. (This d hearl fa	Baltimore Baltimore Baltimore AP40 Eas Baltimore 6. RACE Whit OCCUPATION(Give out of working life, ever MARE GOENTZ COSSED Ever in U. S. CHOWN) SEASE OR CONDILEADING TO	MIN HOSPITAL SOR LOCAT THE CITY STEPN A THE MIN HOSPITAL THE CITY	L OR INSTITUTE ON HOSPITA Ve. 21224 MARRIED WIDOWED OB, KIND OF B	NOON, GIVE STREET ALS NEVER MARRIED DIVORCED USINESS OR INDUSTR L. & Tyler (Mary C. CITY Ba: E. STRE 36 8. DATE 9-27 11. BIRTI	AL RESIDENCE (Whe B. COU yland OR TOWN 1 timore ET AND NUMBER 511 E. Lomi OF BIRTH 29-99 THACE (Stote or for	ere deceosed lived, D. 1 Dard St. 9. AGE (in yeors loss birthday) 71 eign country)	INSIDE CITY LIMITS? YES A Baltimore, II Under 1 Yr. Months: Doys	Md 2122 II Under 24 Hrs. WHAT COUNTR
Male OA. USUAL lone during n Oppe. 3. FATHER John 18.	Baltimor 4940 Eas Baltimor 4940 Eas Baltimor 6. RACE Whit OCCUPATION (Give rage Worker NAME Goentz cosed Ever in U. S. cnown) (III yes, give v	IN HOSPITAL S OR LOCAT CE City Stern A Ce, Md.	L OR INSTITUTION Hospita ve. 21224 MARRIED K WIDOWED 06, KIND OF B	NEVER MARRIED DIVORCED USINESS OR INDUSTR	Mary C. CITY Ba: E. STRE 36 8. DATE 9-27 11. BIRTI	yland OR TOWN ltimore ET AND NUMBER 511 E. Lom OF BIRTH 29-99 HMACE (Stote or for cyland HER'S MAIDEN NA	D. 1 Deard St. 9. AGE (In years lost birthday) 71 eign country)	Baltimore, II Under 1 Yr. Months: Doys 12. CITIZEN OF V	Md. 2122 II Under 24 Hrs Hours Min,
SEX Male OA. USUAL lone during n Oppe 3. FATHER John 18. / D (This d hearl fa	Baltimor 4940 Eas Baltimor 6. RACE White OCCUPATION(Give oost of working life, ever rage Worker S NAME Goentz eosed Ever in U. S. INDIAN (III) SEASE OR CONDILEADING TO	re City stern A re, Md. 7 re kind of work [] n if relired)	Hospita ve. 21224 • MARRIED K WIDOWED OB, KIND OF B Kimbal	NEVER MARRIED DIVORCED USINESS OR INDUSTR	C. CITY Ba: E. STRE 36 8. DATE 9-2 Y 11. BIRTI	OR TOWN 1 timore ET AND NUMBER 511 E. Lom OF BIRTH 29-99 HAACE (Stote or for cyland HER'S MAIDEN NA	9. AGE (In yeers lost birthdoy) 71 eign country)	Baltimore, Il Under 1 Yr. Months Doys 1 12. CITIZEN OF V	Md. 2122 II Under 24 Hrs Hours Min.
SEX Male OA. USUAL lone during n Oppe 3. FATHER John 18. / D (This d hearl fa	Baltimor 4940 Eas Baltimor 6. RACE White OCCUPATION(Give oost of working life, ever rage Worker S NAME Goentz eosed Ever in U. S. INDIAN (III) SEASE OR CONDILEADING TO	re City stern A re, Md. 7 re kind of work [] n if relired)	Hospita ve. 21224 • MARRIED K WIDOWED OB, KIND OF B Kimbal	NEVER MARRIED DIVORCED USINESS OR INDUSTR	Ba: E. STRE 36 S. DATE 9-2 Y 11. BIRTH	et and number 11 E. Lom 12 9-99 14 Lace (Stote or for 15 cyland THER'S MAIDEN NA	9. AGE (In yeers lost birthdoy) 71 eign country)	Baltimore, Il Under 1 Yr. Months Doys 1 12. CITIZEN OF V	Md. 2122 II Under 24 Hrs Hours Min.
Male OA. USUAL one during n Oppe. 3. FATHER John S. Wos Dec (es, no or un No 18.	4940 Eas Baltimor 6. RACE White OCCUPATION (Give out of working life, ever race Worker in NAME Goentz cosed Ever in U. S. chown) (III yes, give v	stern A ce, Md. 7 ce kind of work III n if relired)	• MARRIED WIDOWED OB, KIND OF B	NEVER MARRIED [DIVORCED [USINESS OR INDUSTR L & Tyler (E. STRE 36 8. DATE 9-2 Y 11. BIRTH	ET AND NUMBER 511 E. Lom OF BIRTH 29-99 HALACE (Stote or for Cyland HER'S MAIDEN NA	9. AGE (In years lost birthday) 71 eign country)	Baltimore, II Under 1 Yr. Menths: Doys	Md. 2122 II Under 24 Hrs Hours Min.
Male OA. USUAL one during n Oppe. 3. FATHER John S. Wos Dec (es, no or un No 18.	Baltimor 6. RACE Whit OCCUPATION(Give out of working life, ever race Worker i NAME Goentz cosed Ever in U. S. cnown) (II yes, give v	re, Md.	21224 * MARRIED K WIDOWED CORRESPONDED TO THE MIND OF B Kimbal	DIVORCED USINESS OR INDUSTR	36 8. DATE 9-2 Y 11. BIRTI O. Man 14. MOT	SILE. Lomi OF BIRTH 29-99 HALACE (Stole or for Cyland HER'S MAIDEN NA	9. AGE (In years lost birthday) 71 eign country)	II Under 1 Yr. Menths Doys 1	II Under 24 Hrs Hours Min.
Male OA. USUAL one during n Oppe. 3. FATHER John S. Wos Dec (es, no or un No 18.	6. RACE Whit OCCUPATION(Give roat of working life, ever rage Worke is NAME Goentz cosed Ever in U. S. cnown) ((1) yes, give v	7 kind of work 11 n if refired)	MARRIED K WIDOWED COB, KIND OF B	DIVORCED USINESS OR INDUSTR	9-2 Y 11. BIRTI O. Mat	of BIRTH 29-99 HRACE (Stole or for Cyland HER'S MAIDEN NA	9. AGE (In years lost birthday) 71 eign country)	II Under 1 Yr. Menths Doys 1	II Under 24 Hrs Hours Min.
John. S. Was Decles, no or un (This dhear) fa	OCCUPATION (Give lost of working life, ever mage Workers NAME GOERTZ COSCER Ever in U. S. (nown) (II yes, give v	kind of work]; n if refired)	WIDOWED DOB, KIND OF B	DIVORCED USINESS OR INDUSTR	9-2 Y 11. BIRTI O. Mai 14. Mot	29-99 HLACE (State or for Cyland HER'S MAIDEN NA	lost birthday) 71 eign country)	12. CITIZEN OF V	WHAT COUNTR
John. S. Was Decles, no or un (This dhear) fa	OCCUPATION (Give lost of working life, ever mage Workers NAME GOERTZ COSCER Ever in U. S. (nown) (II yes, give v	kind of work II n if retired) 2/L	Kimbal	USINESS OR INDUSTR	o. Mar 14. Mor	TACE (Stole or for Cyland HER'S MAIDEN NA	eign country)		
John. 5. Was Decles, no or un (This d hear! fa	cost of working life, ever CAQE Worke S NAME GOERTZ COSSED Ever in U. S. CHOCK STORY CONTROL CO	n if relired)	Kimbal	l & Tyler (6. social	14. Mot	ryland	ME		
John S. Wos Dec (es, no or un No 18. CThis d hear! fa	Goertz eosed Ever in U. S. nown) (III yes, give v			6. SOCIAL	14. MOT	HER'S MAIDEN NA		U.S.A	•
John S. Wos Dec (es, no or un No 18. CThis d hear! fa	Goertz eosed Ever in U. S. nown) (III yes, give v		s? 1 ol service)		M				
Nos Decles, no or un No 18. (This die heart fa	eosed Ever in U. S. cnown) ((1 yes, give v	Armed Force wor or dotes	s? ol service)			ay Dietsc	h		
No	12 2 1 ISEASE OR CONDI LEADING TO	Armed Force wor or dotes	ol service)		17. INFO	0			
IB. / D	LEADING TO			SECURITY NO.	The state of	RMANT 4	940 Easterr	Ave. ADDRES	S
(This d	LEADING TO		4	212-07-6952		Recettds: Ba	altimore, N	Md. 21224	
(This d	LEADING TO			CAUSE OF DEA		securus.		APPROX	MATE INTERVAL
TO THE	GNIFICANT CONDITION OF CONDITION GIVE	ATED TO THE EN IN PART 1 198 CONDI	TERMINAL I (A). TION FOR WH	(C)	20A. 4	AUTOPSY? (Yes or N	o) 20R IF YES WE	PE ENDINGS CONSID	EDED
19A.DA	8/70	WAS PERFO	RMED			Yes	IN CERTIFYING	RE FINDINGS CONSIDE	EKED
OR CON	CIDENT WAS UNDETRIBUTING CAUS	RLYING [ACE OF INJURY (e.g., form, foctory, street,	in or obout	21C. WHERE DID		more City, give exoct loc	
OF INJU	RY	y) (Yeor) ((Hour) 21 & IN While Work	At Not Whi	le 🗀	21F. HOW DID IN.	JURY OCCUR?		
	rtify that (1) (this				10/8	170	19ta	10/10/70	19
that (I)	(we) last saw the	deceased	aflve an	10/10/7	0 19	and t		aplnian death occurr	
and hou	r and fram the car	uses stated	d above. (1) (We) (dld) (dld nat)	view the b	ody after death.			
23A. SIGI		0						238, DATE SIGNED	,
	he	sal.		DL.	ending [Med.	Stoff Phys.	10/10/	7.
23C. PHY	CIAN'S			OEGREE FIL	23D. ADDI			ospitals	70
	JUA	IN U	PA	M.)	64940	3		Lmore, Md. 2	1224.
0 .	AL (Specily)	DATE	24C. NAM	E of CEMETERY OF CR	EMATORY	24 D. L	OCATION	(City, town, or county)	(Stote)
Burio		11/15/	A NAME OF	REGISTRAR CEME	tery	UNERAL DIRECTOR		ingland ADDR	

VS 150-REV. 1/1/68

John OA. Mahan, Inc. 3000 E. Baltimone St.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CIT	TY HEALTH DEPARTMENT
11/7-02-1	PO 14 0 0 PP
Tomiti NO.	ATE OF DEATH REG. NO. 10 1805%
(Type or Print) Holt have	2. DATE AND HOUR OF DEATH
, , , , , ,	10/11/70 5.35 PM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: rosidence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND . Baltimore
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1///	Baltimore YES NO
Humion removal Hosp.	E. STREET AND NUMBER
	817 st Paul St 11-01
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
WIDOWED DIVORCED	0.1-11-00 84
10A. USUAL OCCUPATION (Give kind of werk 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Returned HMBIDENCO	Vermont 125 A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S'AMUEL-S, JOHNSON	CLEMENTING SQUIRE
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
SECURITY NO.	
18.// CAUSE OF DEA	AMISS WORKENFET CKWEDAR 817 ST PAUL ST
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	use Congestive heart failing
If this does not meon the mode of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES Ante	200 Acles otic Condi accordi
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	A CONSEQUENCE OF:
rise to the above couse (A) stating the	
ONDERETING CONDITION 10SE, (C)	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1794. DATE OF OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING CO. 1218. PLACE OF INJURY (CO. 1218. PL	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	in or about 21 C. WHERE DID (If in Boltimore City, give exect location)
DEATH (netify medical exeminer) heme, form, lectory, street, or	move stogg myori occor:
OF INJURY (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.I While At Work At Work	16 🗍
22. I certify that (i) (this hospital) ottended the deceased from	
that (I) (we) lost sow the deceased alive on//	
	ond that in (my) (our) opinion death accurred on the date
ond hour and from the couses stated above. (1) (We) (did) (did not)	
I Checi S	ending Med. Stoff NT / / / /
23C. PHYSICIAN'S	s. Director Phys. 2
NAME (Type) ISSAM CHEIKH	23D. ADDRESS Union Memorial it orbital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
REMOVAL (Specify)	(51)
BURIAL OCT 14 1970 DRUID RIDGE	CEMETERY PIKE VILLEMD BALTO MED
OCT 13 1970 Pober & Jaiber M.D.	25C. FUNERAL DIRECTOR BROSING THOBELAIR RA
001 TO 1210 Appen 5 James 40	WARAILLE DUMING LINGBETHIN KD

· wasti here to be a state of the s IMPORTANT

FUNERAL DIRECTOR:

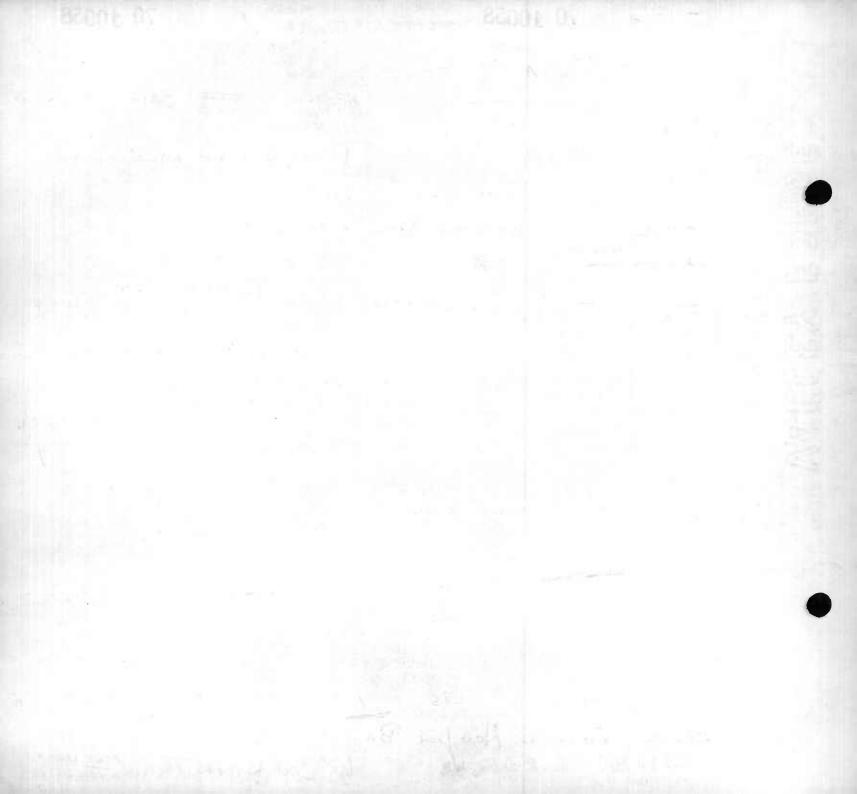
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

12. CITIZEN OF WHAT COUNTRY? U.S.A. Isabel N. Ensor SAme AS # INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS (If in Boltimore City, give exact location) 10-101970 ...and that in(my) (aur) apinian death accurred on the date 23 B. DATE SIGNED or county) 10 ADDRESS

If Under 24 Hrs. Hours i Min.

Hours



5-500

V\$ 151-REV. 1/1/68

BI)-520 RTH NO.	0 7	0 10 MED	059 ICAI	_ E>		NER'S		ARTMENT	OF	DEAT	H REG. N	7	0	100	59
1. (Ty	NAME OF DEC		rvin 1	Danas		r Dana	hoe	2. DATE OF		*	Manth	Day	Y	eor	Hnur	
4.	PLACE IN BAL	TIMORE, MA				UNCED D	EAD	3. DATE	Estimote	eg 🔟	Month	Doy	Y	ear	Hour	М.
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTIO	ON, GIVE S	TREET		OUNCED DE		10	10	70		6:45	a. M.
	40	St. A	gnes Ho	ospit	al			A. STATE	RESIDENCE Maryla		deceased I	B. COUNT	rtian: resid	ence b	efare admi	ssion)
6.	SEX	7. RACE				NEVER	MARRIED T	C. CITY C	OR TOWN			D. INSIDI	E CITY LIN	AITS?	9.21	00
	male white widowed Divorced X						-		Baltimo	ore			YES 🗌		NO [
9. 1	DATE OF BIRTI	4	10. AGE (In	1	H Un	der 1 Yr. If	Under 24 Hrs. Hours Min.	E. STREET	AND NUM	BER			123	-	40 🗀	
	unknown			58	l	July 1	noors man.		4266 I	3roo	kfield	Ave.				
11.	BIRTHPLACE (S	tate or fareig	n country)		1	ITIZEN O		13. FATHI	R'S NAME							
144	No. Carrie		1. 1. ()	45 1415 15		HAT COU		W.								
don	.USUAL OCCU	orking life, eve	en Ifretired)	4B. KINL	OF B	USINESS	OR INDUSTR									
16	Unknown WAS DECEASE		IS APMED		cnov	n 17. SOCIA	N.	Lil	y Colve	ert	Danal	noe	45555			
(Ye	i, no ar unknown)	(If yes, give w	or or dates o	of service)	SECUI	RITY NO.						ADDRES	2		
	unknov	n				unkn	OWN USE OF DEA	Faie	Funera	l Ho	me.300	Boone	e Rd.	Ede	ROXIMATE II	C
	L /	71													EN ONSET	
		E OR CONDI		TLY					Multip	1e	iniuri	es				
	(This daes no	at mean the asthenia, etc.	made of dyin	ng, e.g.,		(A	DUE TO, OR		QUENCE OF:		211,342			-		
	injury ar cam	plication whic	h coused deal	th.)												
	1A	TECEDENT (CAUSES			(R										
	DISEASES O	ABOVE CAL	ONS, IF ANY,	GIVING		,,,	DUE TO, OR	AS A CONS	EQUENCE OF	:						
2	UNDERLYIN	G CONDITION	ON LAST.			(c))									
CERTIFICATION			11		-											
Š	TO THE DEA	IFICANT CON	RELATED TO 1	HE TERM	INAL											
F	20A. DATE OF	OPERATION					EDATIONI W	C DEDECO	M.FD				- Inc. A			
S	^	G. 21.7111011	205. CON	DIIIOIN	rok v	VAICA OF	EKAHON W	45 PERFOR	WED						SY? (Yes	ir No)
7	22A. EXTERT	VAL CAUSE V	WAS		22B. PI	LACE OF	INJURY(e.g.,	in or about	22C. WHERE	DID (If In Raltima	re City sive		10		
EDIC	UNDERLYING UTING CAL				home,	farm, focto	street, office	e bldg., etc.)	Washing	CUR?			axer local	,	2 - 11 -	
	22D. TIME (ay) (Year)	(Hau) 22	E.INJURY	OCCUPRED	6	22F. HOW D					24	2-00	
П	OF INJURY (APPROX.)	.0 3	70 11:	29 p	m. W	HILE AT	NOT	WHILE K	pedest	ria	n stru	ick by	car			
R	23.												-			
	I certi	fy that I he	eld an In	quiry L			n X Au	topsy	and that	on th	is basis,	deoth In r	ny opinie	on		
	result	ed from No	stural cous	95 4	Ac	cident	Soleid	e 1	lomicide	lι	Indetermi	ned manne	· 🗆			.9
	ACTUAL	1110	MNI	1	7/4	. /			CHIEF MEDI			H		r	DATE SIGI	NED
н	SIGNATU	1111	VO O V	-(/-	-	M.D	•	SISTANT MED							
	NAME (T		ner U.	Spit	E.	M.D.	Г	eputy	Chief N	ledi	KAMINER Cal FX	∟ aminer		10)/10/7	0
	BURIAL CREM	ATION, 24	4B. DATE				CEMETERY				OCATION		own, or co		(Sto	
	MOVAL (Specifi Burial		10-12-1	970	0	verlo	ok Ceme	terv		Ed	en, N.				,	
25/	. DATE REC'D					OF REGIS			FUNERAL D			0.	ADDRES	S	7	
	UUI 13	1970	Jobe & &	1 da	Bei	ARD.			m. Cook			OWS OF			rle Do	ad

accident occurrel

Balto. Country

,

SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. October 8, 1970 NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) BURIAL 10/10/70 REST HAVEN CEMETERY WASHINGTON MARYLAND HAGERSTOWN 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ROUZER HAGERSTOWN MARYLAND VS 151-REV. 1/1/6B

BORE ST REEL LOS DE SERVICE OTH CO. THE RESIDENCE OF THE PROPERTY OF THE PARTY O ATTAL POPULTRUA IN DISTRICT. TO AND THE TABLE THE PARTY OF THE PARTY. THE TEXT OF STREET STATE STATE OF THE STATE

BALTIMORE CITY HEALTH DEPARTMENT

E-622 MEDICAL	EXAMINER'S		OF DEAT	H REG. NO.	70 1	0061		
1. NAME OF DECEASED (Type or Print)		2. DATE Known	Month	Doy	Yeor	Hnur		
Dimitrios Erga	S	OF DEATH Estimo	ted 🔲					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		3. DATE	Month	Doy	Yeor	Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	PRONOUNCED DE	10	9	70	9:52 p		
Church Home a	nd Hospital	5. USUAL RESIDENCE A. STATE Maryl		ived. If Institution: B. COUNTY	residence b	efore odmission)		
6. SEX 7. RACE 8. MARRIE	D NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?	07		
male white WIDOWE		Baltimore YES X NO 1						
9. DATE OF BIRTH 10.AGE (In years	Under i Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	E. STREET AND NUM	BER	YE:	i IAI I	40 L		
		2227	Eastern A	ve.				
11. BIRTHPLACE (Stole or foreign country) 12	WHAT COUNTRY?	13. FATHER'S NAME						
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND C	F BUSINESS OR INDUSTRY	Geore e	N NAME					
done during most or working lite, even it refired)								
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	IB. INFORMANT		ADI	DRESS			
(Yes, no or unknown) (If yes, give wor or dotes of service)	None	2227 East	ni Ergas					
19. 4 / 9	CAUSE OF DEAT		tern Ave	, Ralt	APP	POXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY						EEN ONSET AND DEAT		
LEADING TO DEATH	Arterio	sclerotic car	rdiovascul	ar diseas	se			
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	(A)IMMEDIATE C	S A CONSEQUENCE OF:						
injury or complication which coused death.)								
ANTECEDENT CAUSES	(B)	S A CONSEQUENCE O	_					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE 10, OK /	S A CONSEQUENCE O	r:					
Z ONDEACTING CONDITION LAST.	(c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FO	G AL			CONTRACTOR OF THE PARTY OF THE		5,19		
20A. DATE OF OPERATION 20B. CONDITION FO	R WHICH OPERATION WA	S PERFORMED		Te	21 AUTOR	CVO (V NI-)		
		WAS PERFORMED 21. AUTOPSY? (Ye YES						
Z 22A. EXTERNAL CAUSE WAS 228	PLACE OF INJURY (e.g.,	n or obout 22C. WHERE	E DID (If in Boltimor	a City dive exact	-			
UTING CAUSE OF DEATH.	ne, form, foctory, street, office	bldg., etc.) INJURY OC	CUR?	e City, give exoct	rocanon			
OF INJURY (Month) (Doy) (Year) (Hour)	22E.INJURY OCCURRED	22F. HOW E	DID INJURY OCCU	JR?				
(APPROX.) m.		WHILE						
23. 1 certify that I held on Inquiry	1	▽						
			t on this basis,		olnion			
resulted from: Notural couses X	Accident Suicide			ned monner				
ACTUAL Merry	01		ICAL EXAMINER		D	ATE SIGNED		
SIGNATURE EXAMINER'S	M.D.		ICAL EXAMINER					
NAME (Type) Werner U. Spit		puty Chief M	ICAL EXAMINER LEGICAL Exa	aminer	10,	/10/70		
KEMOVAL (Specify)	24C. NAME of CEMETERY		24D, LOCATION	(City, town, o	or county)	(Stote)		
77 20 10	Greek Orthod		Baltimo					
	Den, M.D.	Nicholas 3021, Ea	stern Ave	thews ADD		e,Md.		
VS f51-REV. 1/1/68	/ U 1 1	9 9 0	-5-					

FUNERAL DIRECTOR: IMPORTANT

0	BALTIMORE CI	TY HEALTH DEPARTMENT	70
BIRTH NO.	10062 CERTIFIC	ATE OF DEATH REG. NO.	ZU 10062
Type or Print PAU	POUND	2. DATE AND HOUR OF DEATH	10:45 A
3. PLACE IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR ADDRESS OR LINESTITUTION	TERRY AVEC MODULITIZAL SO JATIS	4. USUAL RESIDENCE (Where deceosed lived, If in A. STATE 8. COUNTY BALTIMOR C	stitutions residence before admission $/9-03$
North	Charles St. Bali	E. STREET AND NUMBER	DE CITY LIMÍTS? YES NO
S. SEX O M G. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	Months Doys Hours Min.
done during most of working tire, even if refire	work 108, KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTY
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	10311
5. Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give war or a	Forces? dotes of service) 16. SOCIAL SECURITY NO. 446-03-824	Jean Josnes #1 Och	address Aberde
DISEASE OR CONDITION LEADING TO DEAT (This does not meen the mode heart foilure, asthenia, etc. It mee injury ar complication which caus ANTECEDENT CAUS	af dying, e.g., and the disease, seed deoth.) (A) IMMEDIATE C./ DUE TO, OR A: (B) ROSS	PINATONY FAILURE	ETWEEN ONSET AND DEAT
DISEASES OR CONDITIONS, in the latter of the above cause (). UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS ()	A) staling the (c)	SA CONSEQUENCE OF: HYSEMA PACLMOTHORA	X. Yenns
DISEASE OR CONDITION GIVEN IN F	THE TERMINAL	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING TICALLES OF		in or obout 21 C. WHERE DID All In Boltimore	City, give exect location)
DEATH (notify medical examines) 22 ID-TIME (Month) (Doy) (Yes (APPROX.)	While At Not Wh		. /
that (I) (we) lost sow the decea	tal) attended the deceased from sed olive on	725 19 70 to	an deoth occurred on the dot
23A. SIGNATURE	was because (1) (did) (did) (did)	view the body ofter deoth.	23B, DATE SIGNED.
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS 2235 ROGERE PRIC	e Apt 203
BURIAL CREMATION, 24B. DATE, REMOVAL (Specify)	24C. NAME of CEMETERY OF CE	EMATORY 24D. LOCATION (City, Anthlen, Ol	tahoma (Stotel
CT 1 3 1970 Robert E	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS

The state of the 0. 5 STATES OF STREET Commention of without · closli Action to the second Francle trupler

-	T-600 00	BALTIMORE CITY	HEALTH DEPARTMENT		
	/-600 70 1006	11)	TE OF DEATH	reg. No. 70	10063
(Ť	NAME OF DECEASED ype or Print	ŧ	2. DATE AND	HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARTLAND, WHERE PR	A MONOUNCED DEAD	4. USUAL RESIDENCE (Where	20 - 6-000	M. residence before advission
FI H II	ULL NAME OF OSPITAL OR (IF NOT IN HOSPITAL OR (ISTITUTION	NSTITUTION, GIVE STREET	A. STATE B. COUNT	D. (NSIDE CIT	13-04
3	Provident Hospi	tal	E. STREET AND NUMBER 2902 Par	kursh a	
	Me of PO WIDO		8. DATE OF BIRTH 9.		nder 1 Yr. If Under 24 His.
do	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	H. BIRTHPLACE (Stote or foreig		CITIZEN OF WHAT COUNTRY
13	Champlyyd FATHER'S NAME		Verginea	2	L.8.CC.
1	Wed Jerry		14. MOTHER'S MAIDEN NAM	Marton	
15. (Ye	Was Deceased Ever in U. S. Armod Farces? s,no or,unknown) (If yes, give war or dolos of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
	No	Jedokiii ito.	Carrie &	asley-811	Brook lano
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH		. ()	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, heart failure, osthenia, etc. It means the dise injury or camplication which caused death.)	e.g., DUE TO, OR AS A	SE Candio respu	rabony Hours	
	ANTECEDENT CAUSES	(B) Ful	morary 4	Escess Much	
	DISEASES OR CONDITIONS, if ony, girise to the obove cause (A) stoting UNDERLYING CONDITION tost.	ving DUE TO, OR AS the	A CONSEQUENCE OF:	reumenie	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG			
CERTIFICATIO	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
CAL	2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (natify medical examine)	218 PLACE OF INJURY (e.g., in hame, form, foctory, street, alf etc.)	or obout 21 C. WHERE DID	(II to Boltimore City,	give exoct locotion)
MEDI	210-TIME (Month) IDoyl (Youl (Haud) (APPROX.)	21E INJURY OCCURRED While At Not While Wark At Work	21F. HOW DID MJUE	RY OCCUR?	
	22. I certify that (I) (this hospital) attends that (I) (we) lost saw the deceased alive and hour and from the couses stated above	on 10/12/70	19 70 ond that		19 70 poth occurred on the dote
	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo)	DEGREE Atten	10	off 238, D	ATE SIGNED / 70
244	REMOVAL (Specily)	NAME of CEMETERY OF CREA	111	1/1	or county) (Stotel
25A	DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Kul-Bald.	(ty) Mil.
VS	150-REV. 1/1/68	4,4000	Charles E. H	ughes 1532	Holling Stee



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/68

Barrencks 18 m A 5 465 Junion 24 % Alle fraceties (1.1) Gissian Harbers Ann - RESTAURT MARKAREST RAPPLED (Ly) and heren here 14 N Secret Consulting Tables 16/1/6/17 1-1-1-1-1-1 mint FIRESEVI 146 15 7 154

1	4+53	6		ICAL	EXAMINEI				DEAT	H REG. NO.	70 10	2065	
1. 1	TH NO. NAME OF DEC						2. DATE OF	Known [2]	Month 10	Doy 11	Yeor 70	Hour 6:45	n.
1	LACE IN DA		Melvin				DEATH	Estimated 🗆					P .M.
FULI	NAME OF	(IF NO		L OR INSTIT	NOUNCED DEAD UTION, GIVE STREET		3. DATE PRONO	UNCED DEAD	Manth 10	Doy 11	70	6:45	P •M.
OR	NSTITUTION	Pı	coviden	t Hosp	oital		5. USUAL R A. STATE Md.	ESIDENCE (When	e deceosed li	ved. If Institution: B. COUNTY	residence be	d 3	sion)
6. S	EX	7. RACE		B. MARRIE	D NEVER MARK	RIED 🗌	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	The State of the S	
	male	Negr	0	WIDOWE			Ва	lto.		YE	s n	10 🗆	
9. D	3/8/2		10. AGE (In lost birthdox 42		Under I Yr. If Under lanths Days Haurs			AND NUMBER	Place				
11.1	BIRTHPLACE (2		13	. CITIZEN OF		13. FATHER						
	Mill	ersvil	bM of	r	WHAT COUNTRY	13	Molar	in Ander	con	Sr			
14A. done	USUAL OCCU	JPATION (GI	re kind af work	48. KIND	OF BUSINESS OR IN	NDUSTR	15. MOTHE	r's MAIDEN NA	WE				
	WAS DECEAS				17. SOCIAL SECURITY I		18. INFOR	TUAN		AD	DRESS	-	
(Yes	, no or unknown VeS	W W	wor ar dates	of service)	218-18-	3883	Mic	s Pearl	B And	erson.	830 N	lawin.	cate
	(This does inheart following area	E OR CONE LEADING TO nat mean the b, asthenia, etc mplication whi	DEATH mode of dy it means the ich caused dea	ng, e.g., disease,	(A)IMM DUE	of DEA ereb	TH ral con	tusion ar			APP	ROXIMATE IÑ EN ONSET AR	TERVAL
CERTIFICATION	DISEASES RISE TO TH UNDERLYI	OR CONDITI E ABOVE CA NG CONDIT	ONS, IF ANY USE (A) STAT ION LAST.		(c)		as a conse						
윤	TO THE DE	ATH BUT NO	TRELATED TO	THE TERMIN									
CERTI					OR WHICH OPERAT	TION W	NAS PERFORMED 2					ves	
SP	22A. EXTER	NAL CAUSE	WAS	22	B.PLACE OF INJU	JRY(e.g.	In or obout	2C. WHERE DID	(II in Boltimo	re City, give exac			
MEDI	UNDERLYING CAREAUTH C	AUSE OF DE) (Hour)	22E.INJURY OCC	URRED NOT	e bldg., etc.)	2F. Howold in head on	JURY OCC	UR? Subje	ct fel	l and	hit n.
	1 cer	NER'S	Vatural cau	lu	Inspection C Accident C Mulc, M.D.	SulcionM.E	ASSI	and that on omicide CHIEF MEDICAL STANT MEDICAL OCIATE MEDICAL	Undetermi EXAMINER EXAMINER	death in my o	<u>i</u>	DATE SIGN	
REJ	BURIAL CRE	MATION,	24B. DATE 10/15	/70	24C. NAME of CE Nationa				location Baltin		or county)	(Stot	e)
Ö	DATE RECT	BY HEALTH	Bert E.	258. NA	ME OF REGISTRAR			oppgus I			DRESS W	North	AV.
VS	151-REV. 1/1/6				THE WAR	*e,+	1) "/						

11/24/70 - Letter from M.E.O.

160.

25C. FUNERAL DIRECTOR

ADDRESS

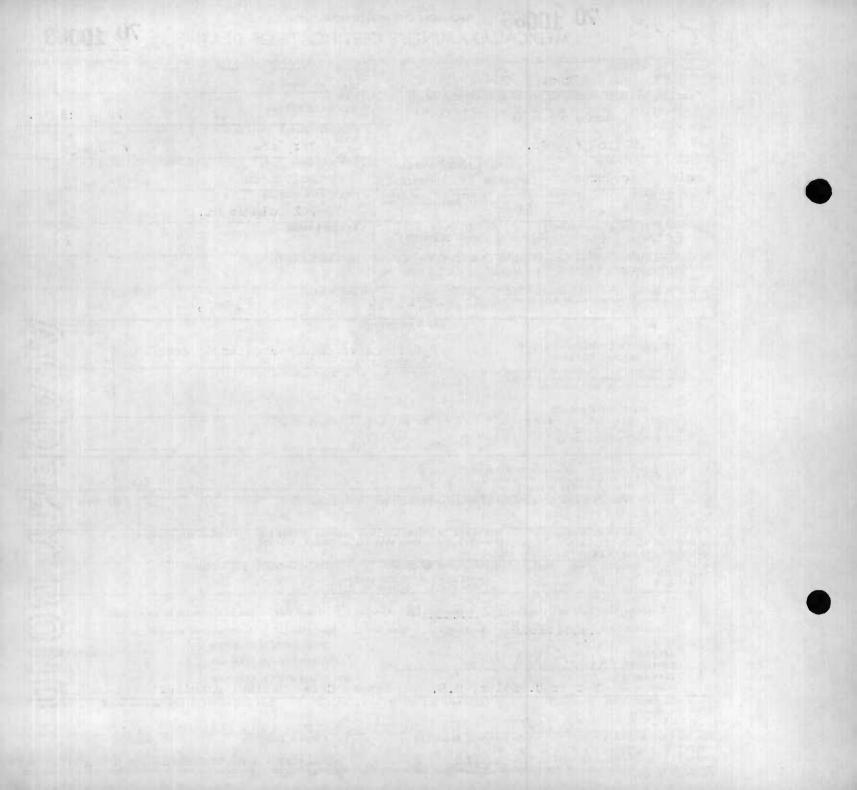
phus Halstead 1206 W

north Ave

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 7/1/68

25B. NAME OF REGISTRAR



The Market of the State of the Serie - Link terminal - Link t

(State)

IMPORTAN

DIRECTOR:

FUNERAL

rovec

Level - great draw lived

IMPORTANT

FUNERAL DIRECTOR:

V-351)		BALTIMORE CITY	HEALTH DEPARTMENT		70 10000 4
BIRTH NO. 1	0-18037 70 1	0069	CERTIFICA	TE OF DEATH	REG. NO	70 10069
(Type or Print)	YATES, B	ABY BO	Y NOSEDA		OBER 8, 19	
3. PLACE IN BALT	IMORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IW	here deceased lived, Il i	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION)	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN	JATI	13-48 SIDE CITY CIMITS?
40	ST. AGNE	S HOSP	ITAL	BALTIMORE E. STREET AND NUMBER		AES XX NO 🗆
5. SEX	6. RACE	100		3514 POOL	E ST 2121	1
MALE	WHITE	WIDOWED		10/08/70	9. AGE (In years last birthdoy)	If Under 1 % If Under 24 Hrs. Months Doys Hours Min. 22
done during most of w	PA HON (Give kind of world orking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or la	reign country)	12. CITIZEN OF WHAT COUNTRY
NEW BOR				MARYLAND		U.S.A.
JOSE PH	YATES			14 MOTHER'S MAIDEN N SHARON (GORD		
5. Was Deceased Yes, so or unknown)	Ever in U. S. Armed For III yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
100		- A PART CARRIE	-	ST. AGNES H	OSPITAL RE	CORDS
(This does no heart failure, a injury or comp DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	E OR CONDITION DISTANCE OF CONDITIONS OF CONDITIONS CON	dying, e.g., the disease, death.) any, giving stoling the harmonic terminal (1 (a).	(B) DUE TO, OR AS	CONSEQUENCE OF: 6 won floa CONSEQUENCE OF: Placeutal	s Gestation	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT OR CONTRIBUT DEATH (notify n	WAS UNDERLYING ING CAUSE OF	21 B, I home eic.)	PLACE OF INJURY (e.g., in form, factory, street, alfi	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?		e City, give exoct location)
21 D. TIME (OF INJURY (APPROX.)	Month) (Doy) (Yeor)		NJURY OCCURRED Not While At Work	21F. HOW DID IN	JURY OCCUR?	
that (1) (we)-10	nat (\$) (this hospital) ast sow the deceased	olive on	deceosed from /	19 70 and t	19 70 ta (nion death occurred on the date
and haur and	rom the causes state	ed abave. (I)	(We) (did) (d id not) vi	ew the body after death.	-	
	Hot	. ~	Atten	ding Med.	Shoff [7]	23R DATE SIGNED
23C. PHYSICIAN NAME (Typ	S	1 0	DEGREE Phys.	Med. Director Director	Stoff Phys.	
4A. BURIAL CREM.	ATION, 24B. DATE ecify)	JAC. NAJ	ME OF CEMETERY OF CREA	MATORY 24D. I		BALTO MD. 21229 ly, lown, or county) Islote)
5A. DATE REC'D B	Y HEALTH DEPT.	25B NAME OF	AEGISTRAR	25G FUNERAL DIRECTO	12 140 M	ADDRESS
OCT 1 4 197	1 Robert E.	alle M	2000	BornesFo	nevel Hon	ne Balto MI

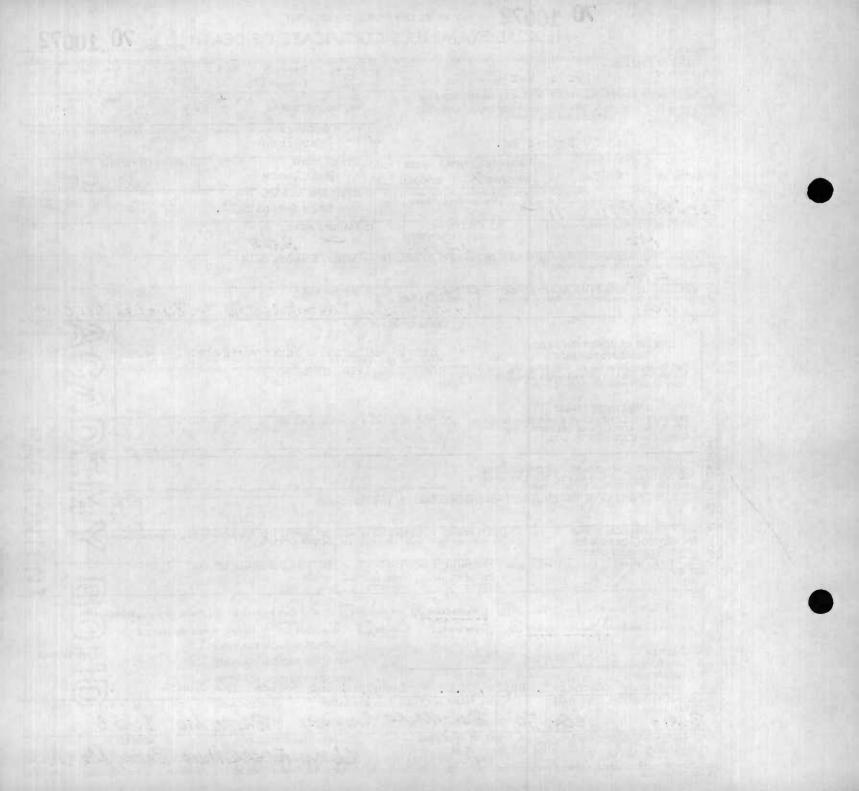
a contract to the contract of the contract of

e vilki i politik ki ki ki ki

l ck	2
Such	BIRTH II. NAM (Type o
ath.	3. PLA
ndan to de	FULL M HOSPIT
r afte prior e.	3
ad ad	5. SEX
reg	Fe 10A. USI done dur
was in he de	At 13. FATI
eath ve on the	NO 18.
d d	No.
end do	
pronou ular at mbalme	(Thi
n who	DIS rise UN
il (except where the physician who pronounced death was in regular attendance on the his and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	_
physic fore th	MEDICAL CERTIFICATION OF 190 OF 100 O
ept whe	MEDICAL CERTIFICATION MEDICAL CERTIFICATION TO STATE
ando	22.
was D.O.A. at a hospital (e) deceased prior to death); a written approval must be ob	and 23A.
was D.O.A. at a hospital deceased prior to death) written approval must be	23C.
d pr	24A. BU
ritten a	Buri
Was	OCT
	W.

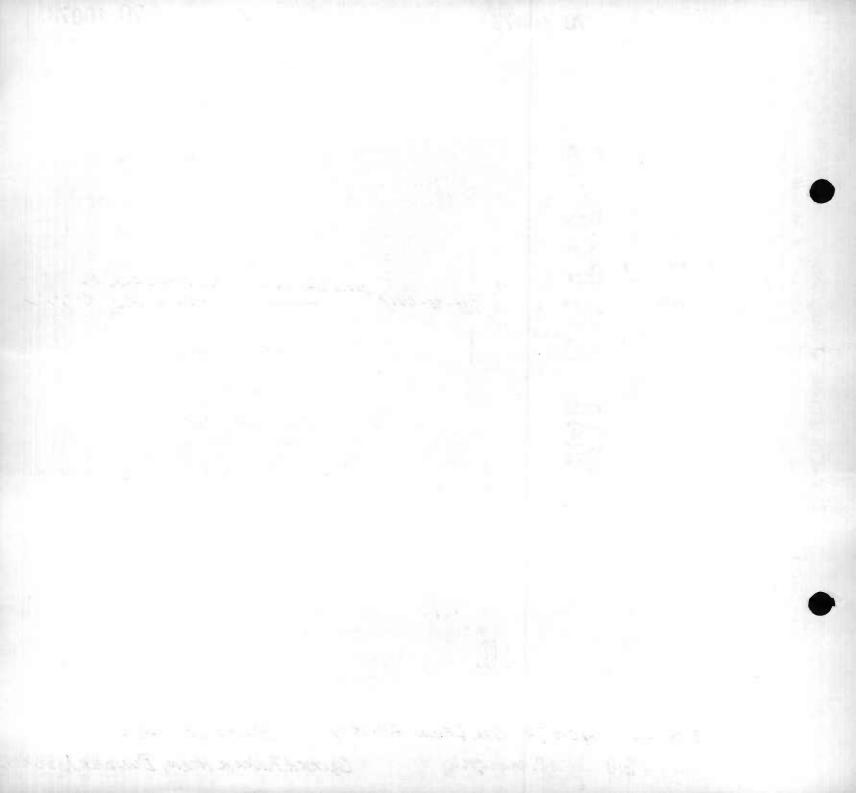
B-622	70 100	יילים		HEALTH DEPARTMEN		70 1007#
BIRTH NO.	10 100	111	CERTIFICA	TE OF DEAT	H X REG. NO	10014
I. NAME OF DECI	EASED	-		2. DA	TE AND HOUR OF DEATH	
(Type or Print)	DUICE C.	RITTO	2298		0/10/70	LOOPIN.
3. PLACE IN BALT	IMORE MARYLAND, W			4. USUAL RESIDENCE	(Where deceased lived. Il i	nstitution: residence before admission
FULL NAME OF	AE NOT IN HOCKE				Baltimore	12
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN		0,0-00
	G. I	11	1	C. CITT OK TOWN	D. INS	YES NO X
3 / 8	altimore City	y Hospi	tals	E. STREET AND NUME	BER	TES NO E-
4	940 Eastern A	ave. Da	Itimore Md.	2770 100	na Arra Balti	more, Md. 21219
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	10.00
Female	White	WIDOWED		0 00 00	lost birthdoy) 78	Months Doys Hours Min.
IOA, USUAL OCCU	PATION (Give kind of work		F BUSINESS OR INDUSTRY	8-23-92	r (oreign country)	12. CITIZEN OF WHAT COUNTR
done during most of w	rarking life, even if retired)					U.S.A.
At home	A.E.			Maryland		0.5.4.
TOTAL S RAN		37		14. MOTHER'S MAIDEN		
	Christophe		ann		ary	
5. Wos Deceased Yes, no or unknown)	Ever in U. S. Armod Ford (If yes, give wer or deter	es? ol service)	SECURITY NO.	17. INFORMANT	4940 Eastern	Ave. ADDRESS
No			219-16-6408	BCH Records:	Baltimore, Md	. 21224
18. 7 /) /	114-05	LL X	CAUSE OF DEATH	1	,	APPROXIMATE INTERVAL
DISEASI	OR CONDITION DIR	ECTLY		2.6		BETWEEN ONSET AND DEATH
ı	LEADING TO DEATH		(A) IMMEDIATE CAU	" Luna	Y10	112-246
(This does no	I meen the mode of	dying, e.g.,	0117 70 00 10	CONSEQUENCE OF:	119	177 1 11001
injury or comp	dication which caused	death.)	•	1.		
A	NTECEDENT CAUSES		P	m A A		152
DISEASES OF	CONDITIONS, II	nv. giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
nse to the	abave cause (A)	stating the	1. 1.	1	catic books)
UNDERLING	CONDITION last.		(c)14Co16	Marko March	calle heore	m(9 14 0015
Z OTHER SHOWING	11		11	0 1		
TO THE DEATH	CANT CONDITIONS CON	E TERMINAL	Henne	S SIMPLEX	Emechali	Tecl
19A. DATE OF	DPERATION 198 CONE	I (A).	WHICH OPERATION	20A- AUTOPSY? (Yos	or No. 208 IE SEC WEST	FINDINGS CONSIDERED
19A-DATE OF	WAS PERF	ORMED	WHICH OF EXAMINE		IN CERTIFYING CA	USES OF DEATH?
U 121 A. A CCIDENT	WAS UNDERLYING	1218	PLACE OF INJURY (e.g., In	No No No	ID /// In Robinson	e City, give exoct focotion)
TIOK CONTRIBUT	ING CAUSE OF	hon etc.	ne, lorm, loctory, street, all	ice bldg., INJURY OCCU	R?	e City, give exoct tocotion)
U	and the second					
S OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED Not White	1	INJURY OCCUR?	/
(APPROX.)		Wo		\Box /		/ /
22. I certify t	hat (1)(this hospital)	attended t	he deceased from 9	10/20	19 to	10/10/20 19
	ast saw the deceased			/19 00		nlah death occurred on the dote
			(We) (did) (did nat) vi			mun death occurred on the dor
23A. SIGNATUR		a opave ((me) (did hat) Vi	ew the bady offer dec	oth.	23B. DATE SIGNED
101	V. IV)	After After	ding Med.	Staff 1	238 DATE SIGNED
23C. PHYSICIAN	James		DEGREE Phys.	LJ Director L	Phys.	10/10/70
NAME (Typ	oel .	14 5	2	3D. ADDRESS Balti	more ity Hosp	oital's
	W. Lowell		DEGREE		n Av. Baltimo	ore, Md 21224
24A. BURIAL CREM REMOVAL (Sp	ATION, 248. DATE	24C. N.	AME OF CEMETERY OF CREE	MATORY 24	D. LOCATION (Ci	ly, town, or county) (Stote)
Burial	10/13/70	O Lou	donPark Cemete	ry	Baltimore,	Md.
25A. DATE REC'D E	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
OCT 1 4 101	70 20 40	201.	Z, 0 0 n	ULTrich Fin	neral Home Dun	
/S 150-REV. 1/1/6	The state of the s	THE PARTY AND ADDRESS OF	10,		(4)	

BIRTH NG. 10072 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEAT	H 70 10072
BIRTH NC.	REG. NO.
1. NAME OF DECEASED (Type or Print) Marie Wardell 2. DATE Known Amonth OF OF The Month OF The Mo	Doy Year Hour
DEATH Estimoted	N
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 10	5 70 Year Hour 1:40 p
S. USUAL RESIDENCE (Where deceased in	ved. Il Institution: residence before odmission) B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN	D. INSIDE CITY LIMITS?
female white WIDOWED DIVORCED Baltimore	
9. DATE OF BIRTH 23 JONE 1899 10. AGE (In years In under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Days; Hours Min. 5829 Belair Rd.	YES,KJ NO L
11. BIRTHPLACE (Stote ar foreign caunity) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY?	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknown) (If yes, give war ar dales of service) 17. SOCIAL SECURITY NO. 214-05-3117 H. Juceren, 240 Hb. NA	ADDRESS T RAILT RISE ROLL AND
CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
LEADING TO DEATH Arterios clerotic cardiovas cula	ar disease
(This does not mean the made of dying, e.g., heart follure, esthenia etc. it means the disease	
heart lailure, osthenia, etc. It means the disease, injury or complication which caused death.)	
ANITECED PAIT CANIFFE	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
	21. AUTOPSY? (Yes or No)
222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Baltimare home, farm, factory, street, office bldg., eic.) INJURY OCCUR?	e City, give exact lacation)
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT WORK AT WORK 22F. HOW DID INJURY OCCUR	R?
23. AI WORK	
I certify that I held an Inquiry Inspection X Autapsy ond that an this basis,	leath in my opinion
	ed manner
CHIEF MEDICAL EXAMINED	
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner] Iner 10/6/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION	(City, tawn, or caunty) (State)
25A DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
VS 151-REV. 1/1/68	ue, BALTO, MD. 4406



IMPORTANT

(-525	and the same of th	HEALTH DEPARTMENT	2004 00
BIRTH NO. 70 1007	3 CERTIFICA	TE OF DEATH Regist	tered No. /U 130/3
M.E. CASE NO.		2. DATE AND, HOUR	OF DEATH
T . Dien		2. DATE AND HOOK	
PLACE OF DEATH IN BALTIMORE MARYLAND	Zen	14 USHAL RESIDENCE (Where decrosed	d lived. If institution; residence before odmission)
		A. STATE B. COUNTY	n /12 B
FULL NAME OF (If not in hospital or institut	on, give street	Moryland	19 EXTE CO 33-00
HOSPITAL OR oddiess or location)	1 1/	0 11 "	mits, write RURAL and give township)
48 Maryland Gan	enal mosp.	Baltimene	
/ 0		D. STREET ADDRESS (If rurol, give I	137
		1716 Punda	IK ave.
	WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In lost birthdo	
E (0	nounced	5/6/92 78	\$
DA. USUAL OCCUPATION (Give kind of work 108, KIN)		11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)			Α
FATHERS NAME		14. MOTHER'S MAIDEN NAME	U.S. A
4/		A 1	
SHAN Nelson		Not K	neun
. Was Deceased Ever in U. S. Armed Farces? es,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	WEIL JEUSEN, 171	G DUNDALLADGE
NO	214-03-6218	12615 0000	WBALK MIN 21922
18. 2 C 11 6 N 7 1	CAUSE O		INTERVAL RETWEEN
0 14-1011	O	2	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	no.	ute congestive failer	3 11.00/
(This daes not meon the mode of dying,	e.g., DUE TO	the congramme fune	o - weas
heort failure, asthenia, etc. It means the dise injury or complication which coused death.)	ase,	1 1 0 0 1	
	(B) ///	Fral Stenosis	4000
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if ony, girise to the obave cause (A) stating		bable rheumatic he	part disease "
UNDERLYING CONDITION last.		7,7	
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING D	1 1/00 4	
TO THE DEATH BUT NOT RELATED TO	THE PUlmonary E	mphysema, Hepaton	na unknowo
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED THYING CAUSES OF DEATH?
WAS FERFORMED		Yes	40 S
21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21 C. WHERE DID (If	in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	INCO SINGIN INTO RESCUENT	
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCI	U R?
OF INJURT	While At Not While	e 🗀	
(APPROX.)	Work At Work		
22. I certify that (1) (this hospital) attend	ed the deceased from	9/17 1970	ta 60/11 1976
that (1) (we) lost saw the deceased olive	on 16/11		(our) opinian deoth occurred on the date
ond hour and from the couses stated above	•		
23A. SIGNATURE	1 / (Town the body offer deaths	238, DATE SIGNED
- M VI.	M.D. Atte	ending Med. Stoff	/ / / /
Jany Will	Phy	s. Director Phys.	10/11/70
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	V
	M.D.		
	C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	DAK LAWN CAME	TERY ROITA	Co. MD.
SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Co., ND. HOWE, BUNDALK, MOUNT
OCT 1 4 1070 02 45 32	2 -400	o lde for A Trailes as	House Phankar Almand
001 14 13/0 Unders C dece	()	Of EVELLI POLICE !	TOWN DONONINIUM
e 100 BCV 1/1//6			

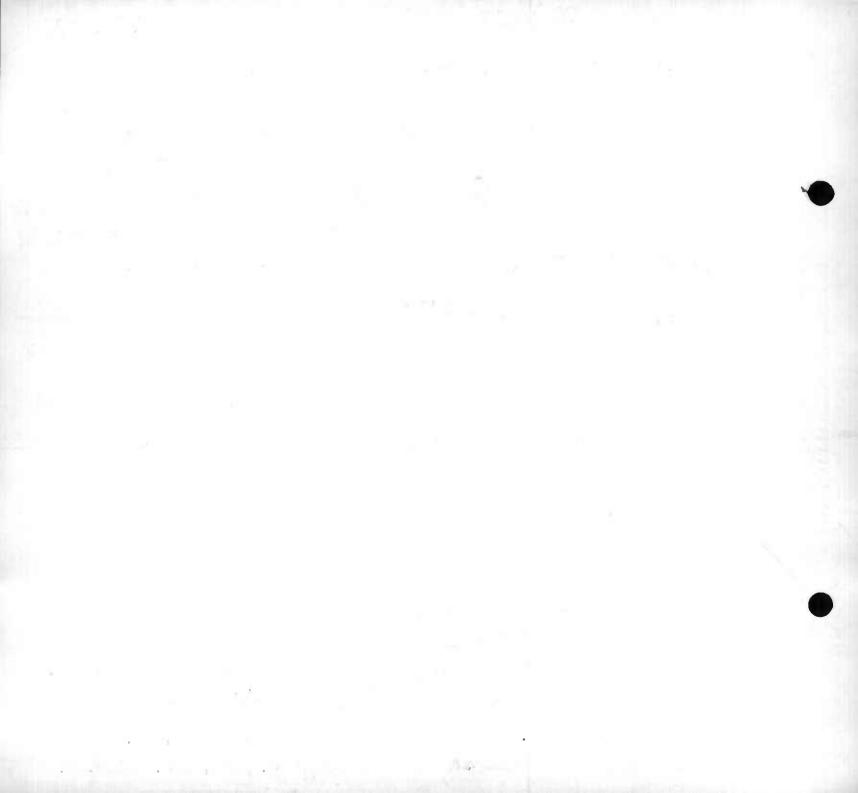


9-6/2 MEDICAL EVALUINEDIS	ALTH DEPARTMENT
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 70 10074
1. NAME OF DECEASED A	2. DATE Known Month Doy Year Hour
(Type or Print) Henry Rohrbach	OF DEATH Estimoted 10 11 70 7:10 pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 10 11 70 7:10 P M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Union Memorial Hospital	Md. B. COUNTY 27-34
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male White WIDOWED DIVORCED	Balto. YES W NO
I lost high day Mantha, Days, Haves, Mile	E. STREET AND NUMBER
Mar. 12,1923 4/	6013 Belle Vista Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Maryland	Henry A Robrbach
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
Steel Werker	Lillie M Ferkler
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ne or unknown) (If yes, give war ar dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
Yes WW 1] 217_12_501	
CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	(Cartain)
(This does not mean the mode of dying, e.g., (A) IMMEDIATE (
heart loilure, asthenia, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B) (B) (B) (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LASI. (C).	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISPLACE OF CONDITION CREEKING TO THE TERMINAL DISPLACE OF THE TERMINAL THE TERMIN	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 120B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 121 AUTORSY2 (Value Na)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS PERFORMED 21. AUTOPSY? (Yes or No)
. 06.	ves
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	In or about 22C, WHERE DID (If In Baltimore City, give exact location) bldg, etc.) INJURY OCCUR?
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Nov.) 22E IN LIEV DOCUMENT.	in or about 22C, WHERE DID (If in Baltimore City, give exact location) bidg., etc.) INJURY OCCUR? 22E HOWER BUILDING OCCURE
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Nov.) 22E IN LIEV DOCUMENT.	in or about 22C, WHERE DID (If in Baltimore City, give exact location) bidg., etc.) INJURY OCCUR? 22E HOWER BUILDING OCCURE
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Nov.) 22E IN LIEV DOCUMENT.	In or about 22C, WHERE DID (If in Baltimore City, give exact location) bidg., etc.) injury occur? 6013 Belle Vista Avenue
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT MORE AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WORK O	In or obout 22C. WHERE DID (If in Baltimore City, give exact location) bldg, etc.) INJURY OCCUR? 6013 Belle Vista Avenue 27.3 4 22F. HOW DID INJURY OCCUR? WHILE ORK Subject ingested overdose of drug
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT MORE AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WORK O	In or about 22C, WHERE DID (If in Baltimore City, give exact location) bidg, etc.) injury occur? 6013 Belle Vista Avenue 22F. How DID INJURY occur? Subject ingested overdose of drug copsy and that on this basis, death in my opinion
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT MORK NOT AT WORK AT MORK AT WORK Suicide from: Notural causes Accident Suicide Suicide Cause Accident Suicide Cause	In or about 22C, WHERE DID (If in Baltimore City, give exact location) bldg., etc.) 10 10 10 10 10 10 10 10
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT MORK NOT AT WORK AT MORK AT WORK Suicide from: Notural causes Accident Suicide Suicide Cause Accident Suicide Cause	In or about 22C, WHERE DID (If in Baltimore City, give exact location) bidg., etc.) injury occur? 6013 Belle Vista Avenue 22F. HOW DID INJURY OCCUR? Subject ingested overdose of drug topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 10 11 70 ?m. WORK NOT AT W 23. I certify that I held an Inquiry Inspection Au resulted from: Notural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D.	In or about 22C, WHERE DID (If in Baltimore City, give exact location) bldg., etc.) 10 10 10 10 10 10 10 10
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 10 11 70 7 M. WORK NAT WORK 1 certify that I held an Inquiry Inspection Au resulted from: Notural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D. NAME (Type)	In or about 22C, WHERE DID (If in Baltimore City, give exact location) bidg., etc.) in URY OCCUR? 6013 Belle Vista Avenue 22F. HOW DID INJURY OCCUR? Subject ingested overdose of drug copsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER X 10/12/70
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 10 11 70 7 M.HIE AT WORK AT W. 1 certify that I held an Inquiry Inspection Au resulted from: Notural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D. 24A. BURIAL CREMATION, 24B. DATE 22B. PLACE OF INJURY (e.g., home, form, factory, street, office whome, fac	In or about 22C, WHERE DID (If in Baltimore City, give exact location) bidg., etc.) injury occur? 6013 Belle Vista Avenue 22F. HOW DID INJURY OCCUR? Subject ingested overdose of drug topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER XX 10/12/70
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 10 11 70 m. WHILE AT NOT WORK AT W 1 certify that I held an Inquiry Inspection Au resulted from: Notural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D. ACTUAL ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D. 24A. BURIAL CREMATION, PARCEL PROVAL (Specify) Burial 10/15/70 Baltimore	In or about 22C, WHERE DID (If In Baltimore City, give exact location) bidg., etc.) injury occur? 6013 Belle Vista Avenue 22F. HOW DID INJURY OCCUR? Subject ingested overdose of drug topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER X 10/12/70 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 10 11 70 mm. Home 1 certify that I held an Inquiry Inspection Au resulted from: Notural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	In or about 22C, WHERE DID (If in Baltimore City, give exact location) bidg., etc.) injury occur? 6013 Belle Vista Avenue 22F. HOWDID INJURY OCCUR? Subject ingested overdose of drug copsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, tawn, or county) (Stote)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 10 11 70 m. WHILE AT NOT WORK AT W 1 certify that I held an Inquiry Inspection Au resulted from: Notural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D. ACTUAL ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D. 24A. BURIAL CREMATION, PARCEL PROVAL (Specify) Burial 10/15/70 Baltimore	In or about 22C. WHERE DID (If In Baltimore City, give exact location) bidg., etc.) injury occur? 6013 Belle Vista Avenue 22F. HOW DID INJURY OCCUR? Subject ingested overdose of drug ropsy A and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER X OF CREMATORY 24D. LOCATION (City, tawn, or county) (Stote) National Baltimore, Maryland

Letter from M.E.'s office 11-16-70 M.H.

	DTD OT
	pproved by the chief medical examiner or his assistant if death octurred in a hospital and of the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the cased before the remains are embalmed or final disposition is made.
	- 0 0 C
	To O o to
	15 S
	d 2 %
	D C C C C C C C C C C C C C C C C C C C
	a training
	9 - D - G 6
	ri di Fina
	S E B B B E B E B E B E B E B E B E B E
	To a real
	de in de
	de de si
_	# 9 € ¥ + g
Z	4. 4. E. E.
4	e a la l
RI	find a k
0	o de do
3	bis of contract of
	All
FUNERAL DIRECTOR: IMPORTANT	xaminer or his assistant xaminer. Also, if the directors of any kind; (who pronounced death regular attendance on tare embalmed or final distants.)
Ö	a C B C B C B C B C B C B C B C B C B C
5	the se
m	X X X X
H	a Series
-4	dica ica ica rns sic sic na
A	be od hy
K	TE Y C.D.
Z	hid Boog Boog Sisis
5	by by
	4 - a - a - a - a - a - a - a - a - a -
	d K S S S S S S S S S S S S S S S S S S
	p to co
	tai tai
	호는 변호 교육
	5 5 = 5 e
	be ed ed
	de de de mu
	at of a
	this certificate must be approved by the chief medical examiner or his assistant if death octurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	AA
	# ASO 7 0
	Do Co
	S S S S S S S S S S S S S S S S S S S
	F24595

5-342 70 10075	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	<u>70 19075 </u>
1. NAME OF DECEASED (Type or Print).	1	2. DATE AND HOL	JR OF DEATH	
Christina Sto	120	10/13	2/70	1413 pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION		4. USUAL RESIDENCE (Where deceded. STATE 8. COUNTY	osed lived. If institution	on: residence before admission
HOSPITAL OR ADDRESS OR LOCATION	2 Hanis	C. CITY OR TOWN	D. INSIDE CIT	TY LIMITS?
Censor memorial	12/1	Balto	YES	NO 🗆
49		E. STREET AND NUMBER 4303 Hay	aut la	N - I
5. SEX 6. RACE 7. MARRIED WIDOWED X	DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE lost birt	(In years If U Mont	nder 1 Yr. II Under 24 His. ths: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign cour	7 J	CITIZEN OF WHAT COUNTRY?
How we fe		germany	,	ASU MANNENSER
13. FATHER'S NAME / Hemnrich		14. MOTHER'S MAIDEN NAME		
KKXXXX / Lactnean		LANCHENKAUNTEN	Susanna (Geiger
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	SOCIAL	17. INFORMANT		ADDRESS
No 20	SECURITY NO. 4-01-9304	Regina Louise	Stolze	same as about
18. 4.13 3!	CAUSE OF DEATH		- O	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		N		BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU			2 month.
heart failure, asthenia, etc. Il means the disease, injury at camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		
ANTECEDENT CAUSES	C = ==	7 4 7	- 0	صد م
DISEASES OR CONDITIONS, if any, giving	(B) CON GO	A CONSEQUENCE OF:	uline	2 month.
rise la the above cause (A) stating the			lifthee	el
UNDERLYING CONDITION last.	(c) Corona	my desease is your	grene (17)	1 2 mont
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		(211)		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	***************			
19A-DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes or No) 208, 1	F YES, WERE FINDING	GS CONSIDERED
= 1001 - 6 Left h	ed ulcer		ERTIFYING CAUSES O	F DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLA home, for	CE OF INJURY (e.g., in inn., foctory, street, offi	or about 21 C. WHERE DID	(If In Boltimore City, 1	give exoct location)
	URY OCCURRED	21F. HOW DID INJURY OC	CUR?	
(APPROXI	Not While			
22. I certify that (1) (this hospital) attended the de		109. 6 19.70	to CC 13	2 10 70
	oct 12	1		eath accurred an the date
and haur and from the causes stated above. (1) (W.	e) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE		to.		ATE SIGNED
John the	MD OEGREE Phys.	Director L Phys.	j	10/12/70.
23C. PHYSICIAM'S NAME (Type) TONYU OHE	2:	Union Memoria	1 High!	10
24A. BURIAL CREMATION, 124B. DATE 124C NAME	of CEMETERY OF CREA		-1	Tal
REMOVAL (Specify)	wood Cemet		cimore, Md	, or county) (Stotel
OCT 14 1970 Robers E. Jaken A	GISTRAR	25C. FUNERAL DIRECTOR Leonard J. Ruc		ADDRESS Balto.Md.
VS 150-REV. 1/1/68	000	T - 20 - 11 - 11 - 11 - 11 - 11 - 11 - 11	/12 9 III 0 1	201 00 0 1 1 1 0 0



24C. NAME of CEMETERY or CREMATORY

258, NAME OF REGISTRAR

24D, LOCATION

MEIERY

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

(State)

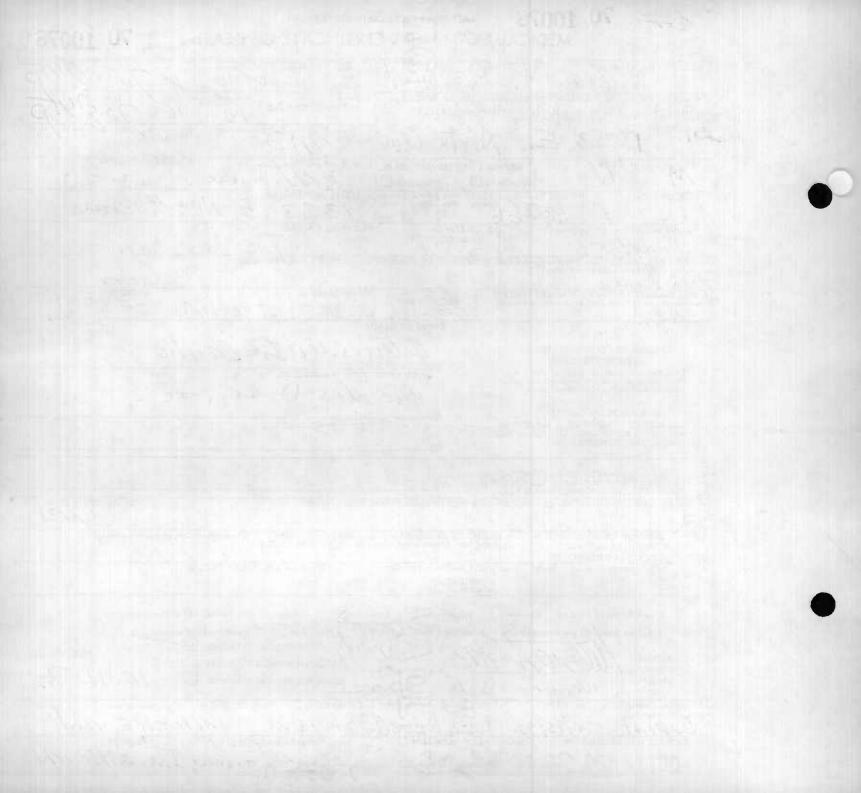
24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

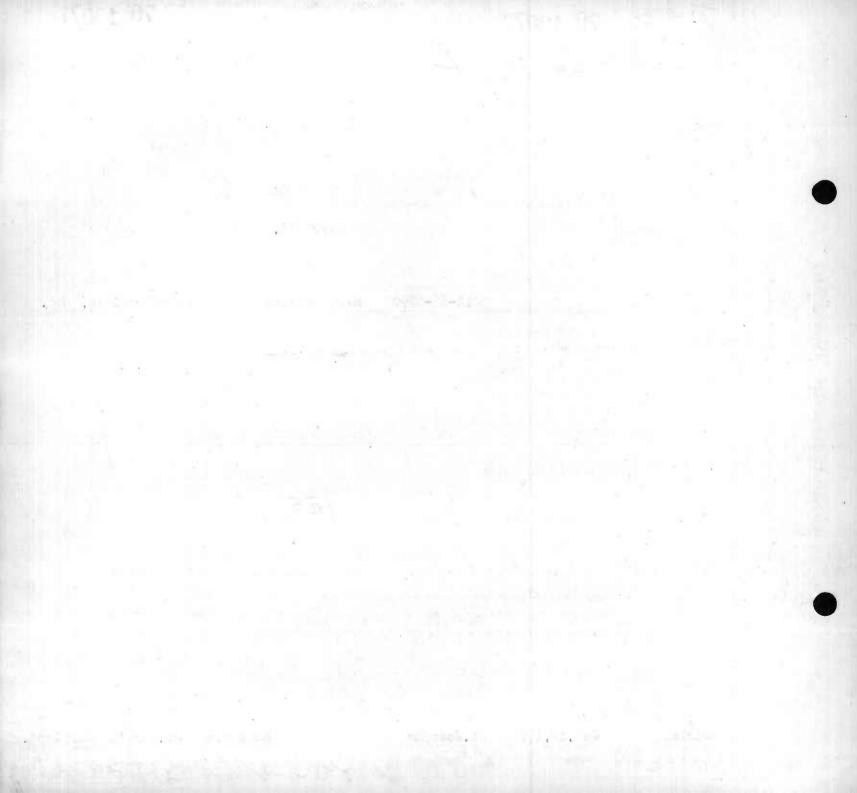
REMOVAL (Specify)

VS 151-REV. 1/1/68

248. DATE



/	F (16)		HEALTH DEPARTMENT	78 40	077
SIRT	-3-0 70 1007	7 CERTIFICA	TE OF DEATH	REG. NO. 17.0, 110	
	AME OF DECEASED or Print) Thomas, Mo	ory A.	4:101	+ 11 October	1970 1
3. P	LACE IN BACTIMORE, MARYLAND, WHERE		A. STATE B. COUN		Se before odmission
HO		INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?	
J V	Tohns Hopkins Hosp	· .	E. STREET AND NUMBER	Park VES	NO 🗌
	33			inlee Pr	
. SI	F Negro WID	ARRIED NEVER MARRIED DIVORCED	8-10-04	9. AGE In years If Under 1 Yr. Months Doys	
	USUAL OCCUPATION (Give kind of work 108, K. during most of working life, even if relired) Housewife	IND OF BUSINESS OR INDUSTRY	Maryland.	gn country) 12. CITIZEN O	A
3. F	John Hedley		14. MOTHER'S MAIDEN NAM	1 /	
S. V Yes	Was Deceased Ever in U. S. Armed Folces? ,no or unknown) (If yes, give wor or dotes of so	1 6. SOCIAL SECURITY NO. 212-66-6890	Mary Douglas	Mechanicsvill	
	DISEASES OR CONDITIONS, if any, tise to the above cause (A) stating		A CONSEQUENCE OF:		
ATION	UNDERLYING CONDITION Iast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	(c)	190A ALEODOVI (V N.	V 20R IE VEC WERE ENDINGS CON	SIDERFO
RTIFICATION	UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	(C)UTING MINAL FOR WHICH OPERATION	20A. AUFOPSY? (Yes of No	20B, IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEATH	SIDERED H?
AL CERTIFICATION	UNDERLYING CONDITION IOSI. II OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A.DATE OF OPERATION 198. CONDITION	(C)UTING MINAL FOR WHICH OPERATION	y ES	20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEATH (If in Baltimare City, give exoc	
CAL	UNDERLYING CONDITION IOSI. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	(C)	n or obout 21C, WHERE DID ffice bldg, INJURY OCCUR?	(If in Baltimare City, give exoc	
MEDICAL	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (House of INJURY (APPROX.) 22. I certify that (I) this haspital attemption of the contribution of t	UTING MINAL N FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) While At Not White Mat Work Ended the deceased from Not White Mat Work Not Work Not White Mat Work	property of the property of th	(If in Baltimare City, give exoc	st lacotian)
MEDICAL	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (1) 199A-DATE OF OPERATION 197B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hotory CAPPROX.) 22. I certify that (1) (this haspital) atterprises.	UTING MINAL N FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While AI Not Whith At Work anded the deceased from Nove an Occurrent of the work of th	21F. HOW DID INJ	(If in Baltimare City, give executive occur? 19 70 ta	19 70 curred an the da
MEDICAL	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hotory (APPROX.) 22. I certify that (I) (this haspital) attention that (I) (we) last saw the deceased aligned have and from the causes stated above the control of the course stated above	UTING MINAL N FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., independent of the content of	protection of the block of the	(If in Baltimare City, give executive occur? 19 70 ta	19 70 curred an the do
MEDICAL	UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hotor Injury (APPROX.) 22. I certify that (I) (this haspital) attention that (I) (we) last saw the deceased aligned haur and fram the causes stated at 23A. SIGNATURE 23C. PHYSICIAN S. NAME (Type) WAS PERFORME 24. C. PHYSICIAN S. NAME (Type)	UTING MINAL N FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While AI Not Whith At Work anded the deceased from At work Poave. (1) (We) (did) (did nat) Occurrence of the property of the pro	21F. HOW DID INJURY OCCUR? And the property of the property of the bady after death. 23D. ADDRESS 601 N. Branch	(If in Baltimare City, give executive occur? 19 70 to Oct. 11 at in(my) (our) opinion death ac Staff Phys. 23B. DATE SIG	19 70 curred on the do
MEDICAL	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (1) 199A.DATE OF OPERATION 198B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D.TIME (Month) (Doy) (Year) (House of Injury (APPROX.) 22. I certify that (I) (this haspital) attention to the course stated about and haur and from the causes stated about and haur and from the causes stated about the course stated about	UTING MINAL N FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURED While At Not White At Work Ended the deceased fram At Work Poave. (1) (We) (did) (did nat) DEGREE Phy	protection of the body after death. 21F. HOW DID INJURY OCCUR?	(If in Baltimare City, give exocutive occur? 19 70 to Oct	19 70 curred an the da SNED L 19 70 Market Halinty) (Stote)
MEDICAL	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (1) 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) (Hotory (APPROX.)) 22. I certify that (I) (this haspital) attemption of INJURY (APPROX.) 22. I certify that (I) (this haspital) attemption of Injury (APPROX.) 23C. PHYSICIAN'S NAME (Type) WAS PERFORME WAS PERFORME CONTRIBUTION (Doy) (Year) (Hotory (APPROX.)) 21D. TIME (Month) (Doy) (Year) (Hotory (APPROX.)) 22. I certify that (I) (this haspital) attemption of Injury (APPROX.) 23C. PHYSICIAN'S NAME (Type) WAS PERFORME CONDITION (APPROX.) CONDITION (APPROX.) AND (APPROX.) CONDITION (APPROX.) 24B. DATE Oct. 14, 1970	UTING MINAL N FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURED While At Not White At Work Ended the deceased fram At Work Poave. (1) (We) (did) (did nat) DEGREE Phy	protection of the body after death. 21F. HOW DID INJURY OCCUR?	(If in Baltimare City, give exocutive occur? 19 70 to Oct. 11 at in (my) (our) plinian death ac Staff (100) Gadway Baltin OCATION (City, town, or courtenza St. Marry's	curred an the do



EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

Peter Lipkovic, M.D.

258 NAME OF REGISTRAR

24B. DATE

10/14/70

5-3/0 70 10078	BALTIMORE CITY HE	ALTH DEPARTM	MENT			70	10078
MEDICAL	EXAMINER'S	CERTIFICA	ATE OF	DEAT	H REG. NO.		TOULD
BIRTH NC.					KEG, NO.		
1. NAME OF DECEASED (Type or Print)		2. DATE OF	Known XX	Manth	Day	Year	Hour
Verna B. Staub		DEATH	Estimoted	10	11	70	5:00 p
4. PLACE IN BALTIMORE, MARYLAND, WHERE PR		3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	ITUTION, GIVE STREET	5. USUAL RESID		10	11	70	5:00 p
644 Parkwyrth	Avenue	A. STATE Md.	EIACE (Where	a dece asea ii	B. COUNTY	q ,	erore damission)
6. SEX 7. RACE 8. MARR	IED NEVER MARRIED	C. CITY OR TO	WN		D. INSIDE C	TY LIMITS?	
female White widow		Ba1	to. 21:	218	\ v	ES 🔼	NO 🗆
9. DATE OF BIRTH 110, AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND	NUMBER			-3 - 1	40 LJ
11/14/1896 lost birthdoy)	Months Days Hours Min.		rkwyrth	A 37.0			
	12. CITIZEN OF	13. FATHER'S N		Ave.			
	WHAT COUNTRY?						
Shamokin, Pennsylvania			d Brenna				
14A.USUAL OCCUPATION (Give kind of work 14B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NA	ME			
Housewife		Mary 1	Ellen Be	oyle			
16. WAS DECEASED EVER IN U.S. ARMED FORCES	7 17. SOCIAL	18. INFORMAN	IT		A	DDRESS	
(Yes, na or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 212-05-2453	Mrs. Ge	orge E.	Burge	r Jr. 35	17 Kes	ton_Road
19.	CAUSE OF DEAT		0			APP	PROXIMATE INTERVAL
DISTANCE OF COMPINE AND INCOME.		rhosis of	liver			BETWE	EEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			TTAGE				
(This does not mean the made of dying, e.g.,	(A)IMMEDIATE C	AUSE A CONSEQUEN	CE OF				
heart foilure, osthenia, etc. It means the disease, Injury or complication which coused death.)	DUE 10, OR A	S A CONSEQUEN	CE OF:				
ANTECEDENT CAUSES	/0\						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEQUE	NCE OF:				
UNDERLYING CONDITION LAST.	(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL	***************				*******	
20A. DATE OF OPERATION 20B. CONDITION F	OR WHICH OPERATION WA	S PERFORMED				21. AUTOP	SY? (Yes or No)
02						ves	(Head)
Z22A. EXTERNAL CAUSE WAS	228. PLACE OF INJURY (e.g.,	in or shout 22C	WHERE DID	W to Defators	no Cita also ass	-	(11000-)
UNDERLYING DOR CONTRIB- UTING □ CAUSE OF DEATH.	home, farm, factory, street, office	bldg., etc.) INJUI	RY OCCUR?	it in batimo	re City, give exc	criocation	
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F.	HOW DID IN	URY OCC	UR?		
(APPROV)	MHILE AT NOT	WHILE					
23.	m. WORK L AT W						
I certify that I held on Inquiry	-	VIVI	nd that on th	ls basis	death in my	aninian	
resulted from: Natural causes							
resolved from Region Courses 22	Accident Suicid				ned manner		
ACTUAL AT IN	1710.		F MEDICAL E			I	DATE SIGNED
SIGNATURE SIGNATURE	M.D.		NT MEDICAL E			1977	
EXAMINER'S Date of Table	·- was	ASSOCIATI	TE MEDICALE	VAMINED	YX		10/12/70

24C. NAME of CEMETERY or CREMATORY

Druid Ridge Cemetery

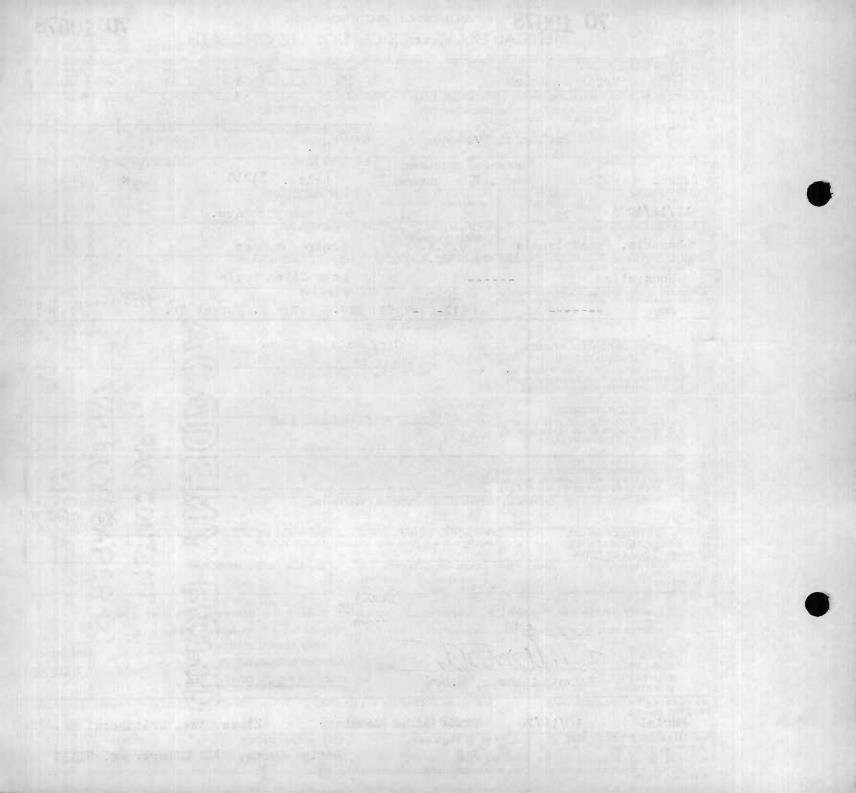
ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

Loring Byers, 8728 Liberty Rd. 21133

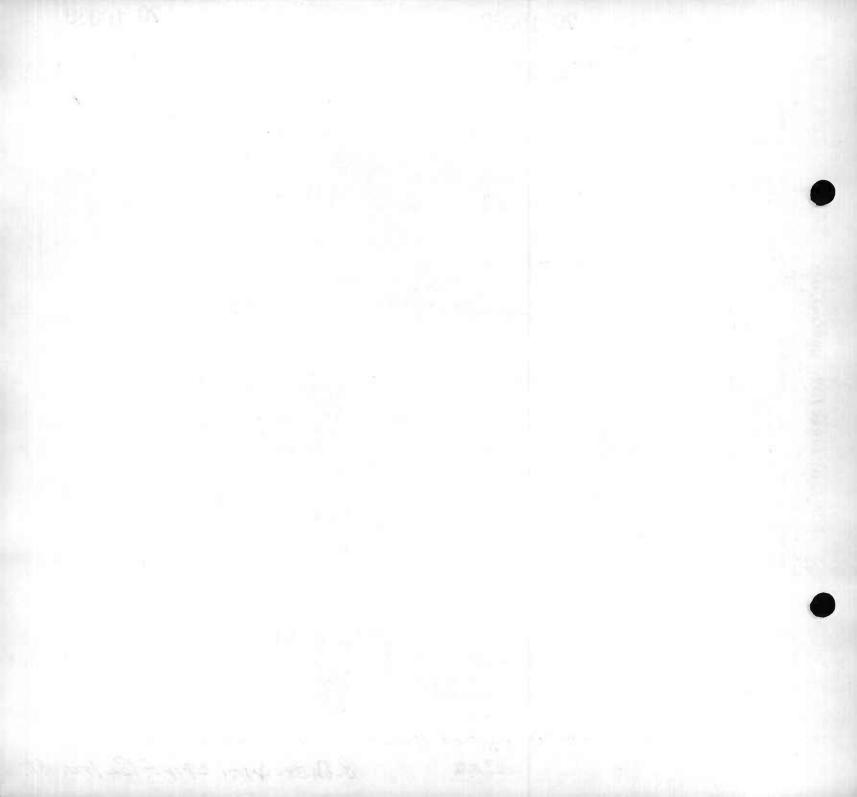
Pikesville, Baltimore, Md.21208



1	0-453 /U 100/3 BALTIMORE CITY HEALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 70 10079
	1. NAME OF DECEASED (Type or Print) + 1 + 10 C C C C C C C C C C C C C C C C C C
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
- 11	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) ADDRESS OR LOCATION) A. STATE B. COUNTY B. COUNTY C. CITY OF TOWN D. INSIDE CITY LIMITS?
	Chard Home + Hosp. Baltimore VES NO
1	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.)
	lem. Windowed Divorced 7/29/97 ost birthday) Manths Days Haurs Min.
	CA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME
	Polygral L. Crodett
100	5. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
-	10 1216 165057 Nat 100 2 16 165 057
1	DISEASE OR CONDITION DIRECTLY Or levio & cle rotic Carell o BETWEEN ONSET AND GEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE U.S. Culture Classe Seven Sev
	heart failure, asthenia, etc. If means the disease, injury or complication which caused death.) DUE 10, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES Congestive Heart failed
ı	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the
H	UNDERLYING CONDITION lost. (C)
1	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLD SILVE JAMES OF CONDITION GIVEN IN PART 1 (A).
01010	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimare City, give exact location) 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimare City, give exact location) 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimare City, give exact location) 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimare City, give exact location)
	21D-TIME (Month) (Doy) (Yeol) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work
	22. 1 certify that (1) (this hospital) attended the deceased from 2 2 19 20 ta 10 0 19 70
	that (1) (we) lost sow the deceased alive on 10/9/ 1970 and that in (my) (our) opinion death occurred an the date
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff FOV 12B. DATE SIGNED
	Phys. Director Phys.
	23C. PHYSICIANS NAME (Type) 23D. ADDRESS 0 H II
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME Of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	BURIAL (Specify) 10-12-70 MOBELAND MEN PRAKCEN BUTTO WILL
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	OCT 14 1970 Robert E. Faller, M.D. O BEDAGROWShi 2515 F. Batriaion & St.
V	\$ 150-REV, 1/1/68

A CONTRACTOR OF THE PARTY OF TH and the second s Place on Soil Balman - S.

HRTH NO. 70 1		TY HEALTH DEPARTMENT ATE OF DEATH Registered N	
M.E. CASE NO.	CERTIFICA		
NAME OF DECEASED Type or Print)	OLCHOWSKI	2. DATE AND HOUR OF DEA	
PLACE OF DEATH IN BALTIMORE MARYL			11979 7.451
PLACE OF DEATH IN BALTIMORE, MARTE	,	4. USUAL RESIDENCE (Where deceosed lived. I A. STATE B. COUNTY	It institution; lesidence befare odmis
FULL NAME OF (If not in hospital or	institution, give street	mo. why	7-01
HOSPITAL OR oddress or lacotion)		C. CITY OR TOWN (If outside city limits, with	ite RURAL and give township)
110 00 1 1 6	Harry	BALTIMORE.	
48 Maryland Go	w. 1(92).	D. STREET ADDRESS (If rurol, give lacation)	
		2936 Mc Elden	my Street.
SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
t White	Willow.	11 9 1893 76	Widness Boys Hoors
DA. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
ane during most of working life, even if retired)		Austria	WHAT COUNTRY?
Houselvife. 3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	US
George K	an eck.	Interior.	
. Was Deceosed Ever in U. S. Armed Farces es, no or unknown) (If yes, give wor or dotes o	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
M 2	220-09-2	17. INFORMANT RYIS 61	7 N. Kobins v- St
18. Lake / P C.		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TIV		ONSET AND DEATH
LEADING TO DEATH	C	andis-Resp. Arrest.	48 hrs
(This does not mean the mode of dy	ying, e.g., DUE TO		
heart foilure, asthenia, etc. It meons th			
injury ar complication which coused de	NEW TOWN	lethic hyperismon hyp	Lyly cknice
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any rise to the above cause (A) st	y, giving	weektie hyperondon hypometron, pre	maria?
UNDERLYING CONDITION last.			
	0.0000000000000000000000000000000000000		
OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING	,	
11	NTRIBUTING	,	
OTHER SIGNIFICANT CONDITIONS CONTOUT TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING D TO THE TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE	RE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTOUR TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING D TO THE TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE	
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORE TO THE PROPERTY OF THE PROPERT	NTRIBUTING D TO THE TION FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM WAS PERFORM OR CONTRIBUTING CAUSE OF	NTRIBUTING D TO THE TION FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g.	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (NTRIBUTING D TO THE TION FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (OF INJURY)	NTRIBUTING D TO THE TION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Wi	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WE IN CERTIFYING , in or obout 21 C. WHERE DID affice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (APPROX.)	NTRIBUTING D TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W. Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING , in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examine) 21D. TIME (Month) (Day) (Yeo) (OF INJURY)	NTRIBUTING D TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W. Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING , in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital) or	NTRIBUTING D TO THE TON FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) 21 E. INJURY OCCURRED While At Not Work At Work attended the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? Trace City, give exact tocotion)
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 10 THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT CONDITIONS CONTO THE DISEASE OR CONDITION CAUSING IT. 12 TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 13 D. TIME (Month) (Day) (Year) (APPROX.) 14 Certify that (I) (this hospital) of that (I) (we) lost sow the deceased of the conditions of the	NTRIBUTING D TO THE TION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) 21E. INJURY OCCURRED While At Not W. Work At Work attended the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING , in or obout 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 12 (10 1972 ta 1973 and that in (my) (aur)	RE FINDINGS CONSIDERED CAUSES OF DEATH? Trace City, give exact tocohon)
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital) or	NTRIBUTING D TO THE TION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) 21E. INJURY OCCURRED While At Not W. Work At Work attended the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING , in or obout 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 12 (10 1972 ta 1973 and that in (my) (aur)	RE FINDINGS CONSIDERED CAUSES OF DEATH? Trace City, give exact facotion)
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased ond haur and from the couses stoted	NTRIBUTING D TO THE TON FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not W. Work At Wood Attended the deceased from olive on I obove. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING in or obout 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 10 (10 19 20 ta 19 19 19 19 19 19 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thate City, give exact tocotion) Application death occurred on the
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 19A. DATE OF OPERATION CAUSING IT. 19A. DATE OF OPERATION CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (OF INJURY (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased ond haur and from the causes stated 23A. SIGNATURE	NTRIBUTING D TO THE TON FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not W. Work At Wood Attended the deceased from olive on I obove. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 12 (10 19 20 ta 19 19 19 19 19 19 19 19 19 19 19 19 19	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thate City, give exact tocotion) Application death occurred on the
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased ond haur and from the couses stoted 23A. SIGNATURE 23C. PHYSICIAN'S	NTRIBUTING D TO THE TON FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) 21 E. INJURY OCCURRED While At Not W. Work At Wood ottended the deceased from Olive on I obove. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING , in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thate City, give exact tocotion) Application death occurred on the
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased ond haur and from the causes stoted 23A. SIGNATURE 23C. PHYSICIAN'S	NTRIBUTING D TO THE TON FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not W. Work At Wood Attended the deceased from olive on I obove. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING , in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thate City, give exact tocotion) Application death occurred on the
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 198. CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (OF INJURY (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased and haur and from the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 124B. DATE	NTRIBUTING D TO THE TON FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) 21 E. INJURY OCCURRED While At Not W. Work At Wood ottended the deceased from Olive on I obove. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING in or obout 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 10 (10	RE FINDINGS CONSIDERED CAUSES OF DEATH? Trace City, give exact tocotion) Application death occurred on the control of to finding?
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased on daur and from the causes stoted 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. A.	NTRIBUTING D TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) While At Not W. Work At Work Attended the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING , in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 10 10 19 20 ta 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	RE FINDINGS CONSIDERED CAUSES OF DEATH? Trace City, give exact tocotion) Application death occurred on the control of to finding?
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 198. CONDITION 198. CONDITION OF CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (OF INJURY (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased ond haur and from the causes stated Disease of the Course stated Disease of Course of	NTRIBUTING D TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) While At Not W. Work At Work Attended the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING , in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 10 10 19 20 ta 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	RE FINDINGS CONSIDERED CAUSES OF DEATH? Trace City, give exact tocotion (0/0/19/) apinion death occurred on the
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased ond haur and from the causes stated 23A. SIGNATURE 4A. BURIAL CREMATION, REMOVAL (Specify) BURIAL CREMATION, 24B. DATE 10-13-76	NTRIBUTING D TO THE THON FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not W. At Work A	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING in or obout 21C. WHERE DID affice bldgs, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and that in (my) (aur) view the body ofter deoth. 12 Med. Director Stoff Phys. (August 1974) 23D. ADDRESS 24D. LOCATION 17 MARY Was 1974.	RE FINDINGS CONSIDERED CAUSES OF DEATH? maie City, give exact tocotion) apinion death occurred on the logical property of th



B-652 70 10081		HEALTH DEPARTMENT	EG. NO. 7	0 10081
DIKITI NO.	CERTIFICA	TE OF DEATH X R	EG. NO	
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR	OF DEATH	
IESLIE THOMAS E	ARNES	OCTOBER	10, 1970	1:30 A M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT		4. USUAL RESIDENCE (Where deceose A. STATE B. COUNTY MARYLAND BA	LTIMORE:	residence before admission)
HOSPITAL OR ADDRESS OR LOCATION)	au II 11-9	C. CITY OR TOWN	D. INSIDE CITY	
Veterans Administrati	on Hospital	REISTERSTOWN	YES 2	Пои
2 3900 Loch Raven Blvd	07.07.0	E. STREET AND NUMBER		5-3
Baltimore, Maryland	21218		icodemus	Road
Male white WIDOWED	DIVORCED	8. DATE OF BIRTH 9. AGE (III) 10st birthd 72	oy) Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K)ND Of done during most of working life, even if refired)	F BUSINESS OR INDUSTRY	11. B)RTHPLACE (State or foreign country	12. CIT	ZEN OF WHAT COUNTRY
FARMER		LOUISVILLE, MARYLA	ND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
THOMAS BARNES		MARTHA A. BOONE		
15. Wes Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
***************************************	217-18-56-55	CLIN RCDS, VAH, BAL	TIMORE, MAR	YLAND
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT		122	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		Hometo Colonomo la	Mandaga	0.171
(This does not mean the mode of dying, e.g.,	DUFTO OD A	SE Hepato-Splenomegaly A CONSEQUENCE OF:	rarked	2 Weeks
hearl failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)		bacess Right Lower Lo	bo With	
ANTECEDENT CAUSES		opneumonia	De MT CIT	
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
nise to the above cause (A) stoling the UNDERLYING CONDITION last.	(c)	The second secon		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),		***************************************		
19A. DATE OF OPERATION 19R. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	WHICH OPERATION		ES, WERE FINDINGS	CONSIDERED DEATH?
	e, form, foctory, street, of		In Bollimore City, glv	e exoct locotion)
	INJURY OCCURRED	21F. HOW DID INJURY OCCU	JR?	
(APPROX.) Whi	ile At Not While			
22. I certify that (# (this hospital) attended th		ctoher 9 19 70	0.1.1	3.0
that (IX(we) last saw the deceased alive on		19 70 and that 19 (CV)	o October	10 1970
and hour and from the causes stated above. ((We) (did) (XXXX) "	aw the hade after death	(out) opinion ded	in accorded on the pare
23A. SIGNATURE	1	ew the budy diter death.	228 DA1	TE SIGNED /
Hay Allas	Atter	nding Med. Staff		
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director Staff Phys. 3D. ADDRESS 3900 Loch R.	aven Boulev	10/70
GARY G. PLOTNICK	MD			
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CREA	Baltimore, land	(City, town, o	
KEMOVAL (Specify)		ational Cem. Balt:		The second secon
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C		25C. FUNERAL DIRECTOR		ADDRESS
OCT 14 1970 Pole 8 8 30 a	7.000	College JUNS De	Carl B.	1910 x 10
/S 150-REV. 1/1/68	444	- Nove Williams	and all	et Massol

Marie

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

M.511	m0	003	BALTIMORE CITY	HEALTH DEPARTMENT		20001
BIRTH NO.	70 10	UQ€	CERTIFICA	TE OF DEATH	REG. NO	70 10082
1. NAME OF DECEA	SED			2. DATE	AND HOUR OF DEATH	
MO	atried, L	ouis			0/9/70	111:20 P A
3. PLACE IN BALTIM	ORE MARYLAND, WI	ERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WE A. STATE B. COU	nere deceesed lived. If in	stitution: residence before admission
FULL NAME OF	IF NOT IN HOSPITA	L OR INSTITU	UTION, GIVE STREET	Md.	malto	Co 53-01
HOSPITAL OR	ADDRESS OR LOCA	iiON)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Sinai	HOSD.			E. STREET AND NUMBER		YES NO
401	1			3312 Ter	rania R	1
	RACE	· MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr., 11 Under 24 Hrs
MALE	XX WHITE	WIDOWED	DIVORCED	5/29/06	lost birthday)	Months Days Heurs Min.
IDA, USUAL OCCUPA dene during mast of work	TION (Give kind of work)	OR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of fe	reign country)	12. CITIZEN OF WHAT COUNTR
SELF EMI		ACC	COUNTANT	IITHUANIA		USA
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME	
	N MONFRIED			ELLA	YENTA BROZEN	
5. Wos Deceesed Eve Yes, no er unknown) [If	er in U. S. Armed Ferce yes, give wor or dotes	s? ef service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO				MRS. EDITH MONI	FRIED, 3312 7	TERRAPIN ROAD #212
18. 4/12	21		CAUSE OF DEATH			APPROXIMATE INTERVAL
	OR CONDITION DIRE	CTLY		0 4 1	4.	BETWEEN ONSET AND DEAT
(This does not	meen the mode of a	lving. e.g	(A) IMMEDIATE CAU		hir - Respuis	5 14 hon
heart joilure, ast	nenio, etc. Il meons t otion which coused d	he disease	DUE TO, OR AS A	CONSEQUENCE OF:	ter	lm
	ECEDENT CAUSES	EOHI.	Carole	in anuth	~	3 duys
	CONDITIONS, if on	**	(B)	A CONSEQUENCE OF:	<u>~</u>	
rise to the o	bove couse (A) s	ly, giving stoting the	3		+.	7. 41.
UNDERLYING C	ONDITION lost.		(c) /1 > C	VD. > Hype	Jeren	
OTHER SIGNIFICAL	II VI CONDITIONS CONT	PIRITING				
I IO THE DEATH BU	IT NOT RELATED TO THE	TERMINAL				
19A. DATE OF OP	ERATION 198 CONDI	TION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes er N		INDINGS CONSIDERED
		KWED			IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTING DEATH Inotify med	VAS UNDERLYING DE CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, offi	er about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimere	City, give exoci lecetion)
	anth) (Day) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
IAPPROX.)		Whil	e Al Work			
22. 1 certify the	(1) (this hospital)			19/1	10 82	7 5 7 7
	saw the deceased		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7		19ta	19
			7/	ew the body after deoth.	nar in (my) (aur) opin	ion deoth occurred an the dat
23A. SIGNATURE	0 /	200 400 (1)	(e) (aid) (aid not) VI	ew the body after deoth.		23B, DATE SIGNED
11.	2 dans	m	h. Atten	ding Med.	Stoff [7]	10/9/20
23C. PHYSICLAN'S	, , , ,		DEGREE	Director L	Phys. L	1-11/10
NAME (Type)	A. A. SIL	NEIL	- 1 2 110-21		< HEIGHTS	AVE
A. BURIAL CREMAT	ION, 24B, DATE	24C.NA	ME of CEMETERY OF CREA			, town, er county) (Stote)
BURIAL .						
SHIPKIS KIC. BLADE	10-11-70	B. NAME O	TH TFILOH	BAL 25C. FUNERAL DIRECTO	TIMORE, MARYI	ADDRESS
A1 T# 19/6	1600 E. 1	aber A	20 0 9 0			REISTERSTOWN ROA
150-REV. 1/1/68		-	(all)	11-2- 0.00	,	

The second secon

AND RESERVED TO THE RESERVED AND ADDRESS OF THE PARTY OF

eath	ased	the	Such			-
of d	Dece	е оп	ath.			
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such			
ing	cau	atte	rior			
itribut	mined	gular	sed p	t be obtained before the remains are embalmed or final disposition is made.		1
200	leter	n re	eced	on is	-	
ct or) Und	Nas	he d	ositi		1
dire	d; (4	uth \	on t	disp		1
the	kin '	dec	nce	final		(
, if	any	nced	nda	lor		
Also	re of	non	atte	Imed		
ner.	actu	pro	ular	mba		
Max	A fi	who	reg	are e		
ale	15; (3	cian	ni sp	suin		
nedic	burn	hysi	W UI	rem		
0	Sody	he F	sicie	+ the		
II by	(2)	ere 1	ph)	fore	١	
spita	ure;	why	N (9	ed be		
e ho	/ nat	cept) pu	tain		
to th	f an)	I (ex	D ; (e ob		
sed	ent o	spita	eath	ust k		
elea	ccid	a ho	to d	m la		
V as r	Ana	to .	prior	prov		
dy v	3	10.A	sed	written approval must		11.4
e bo	OWS	as D	Scedi	ritte		10.4
÷	sh	3	þ	3	1	

13-650 70	10083		HEALTH DEPARTMEN		70 10083
BIRTH NO.	Innon	CERTIFICA	TE OF DEAT	H REG. NO	10000
1. NAME OF DECEASED				TE AND HOUR OF DEATH	
MILTON BRO	1111			CTOBER 9, 1970	10:40 A.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceosed lived, II in COUNTY	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTIO	N, GIVE STREET	MARYLAN		27-40
NSTITUTION			C. CITY OR TOWN		DE CITY LIMITS?
3318 BANCROFT ROAD			BALTIMO		YES NO L
00			3318 BA	NCROFT ROAD	
SEX 6. RACE	7. MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
MALE WHITE	WIDOWED	DIVORCED	3-10-1898	72	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work					12. CITIZEN OF WHAT COUNTI
ne during most of working life, even if retired)					
PROPRIETOR	JEWELRY	STORE		PENNSYLVANIA	USA
FATHER'S NAME			14. MOTHER'S MAIDER	NAME	
JACOB BROWN			FANNIE		
Wos Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give war ar date	ces? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		JECOKIII NO.	MDC DODOWN	DDOWN 7710 DA	MCDOET DOAD
NO		CAUSE OF DEATH		BROWN, 3318 BA	ANCROFT ROAD APPROXIMATE INTERVAL
45017		CAUSE OF DEAT			BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIE	RECTLY		1	2-2 00 2-0	0. 1. 7. 7.
(This does not meon the mode of	dvina oa	(A) IMMEDIATE CAU	SE Massey (erebro-vascul	an universe
heart foilure, osthenia, etc. Il meons		DUE TO, OR AS	CONSEQUENCE OF:	rleage	
injury or complication which caused	deoth.)				
ANTECEDENT CAUSES		100 Ctree	replum of a	rebral resel	
DISEASES OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A ONSEQUENCE OF:	/	***************************************
rise to the obove couse (A)	stoling the	Had she	in Proceso	(Curod)	12 years
UNDERLYING CONDITION Iosi.		(c) 13 0 0 1 100	-, 19-12-00		4
, II					
OTHER SIGNIFICANT CONDITIONS COIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR					
	T 1 (A).		100		
19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes	OT NO. 208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING		CE OF INJURY (e.g., in	or obout 21C. WHERE D	OID (If in Boltimore	e City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, f	orm, foctory, street, of	fice bldg., INJURY OCCL	J R?	
21 D. TIME (Month) (Dov) (Year)	(Hour) 215 thi	JURY OCCURRED	215 HOW 511	D INJURY OCCUR?	
OF INJURY	While A			D HAJORI OCCUR!	
(APPROX.)	Work	At Work	h	9 3	
22. I certify that (1) (this hespital	attended the d	leceased_fram	Hen.	1920 to 00	J. 8 1970
that (1) (we) last saw the decease		Oct. 6 0	1970		•
					nian death accurred an the da
and haur and from the causes stat	ed above. (1) (W	(did) (did not) v	iew the bady after de	eath.	
23A SIGNATURE	0		4011 — 44 4	6. //	23B. DATE SIGNED
Lougan I Ac	egel	Phys	nding Med. Director	Staff Phys.	Oct. 9 1070
23 C. PHYSICIAN'S NAME (Type)		OLONEE	3D. ADDRESS		1,14,10
	N I. SIEGI	EL.	1 5 GREENW	OOD ROAD	
A. BURIAL CREMATION, 24B. DATE		of CEMETERY OF CRE			ty, town, or county) (State)
REMOVAL (Specify)					
BURIAL 10-11-70		TFILOH		BALTIMORE, MARY	YLAND
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF R	EGISTRAR	2SC. FUNERAL DIRE	CTOR	ADDRESS

VS 150-REV. 1/1/68 SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

Mark transmitted and the state of the state terms a terms of the same of t THE RESERVE OF THE PARTY OF THE who was superanting, some repositivating in the second second second

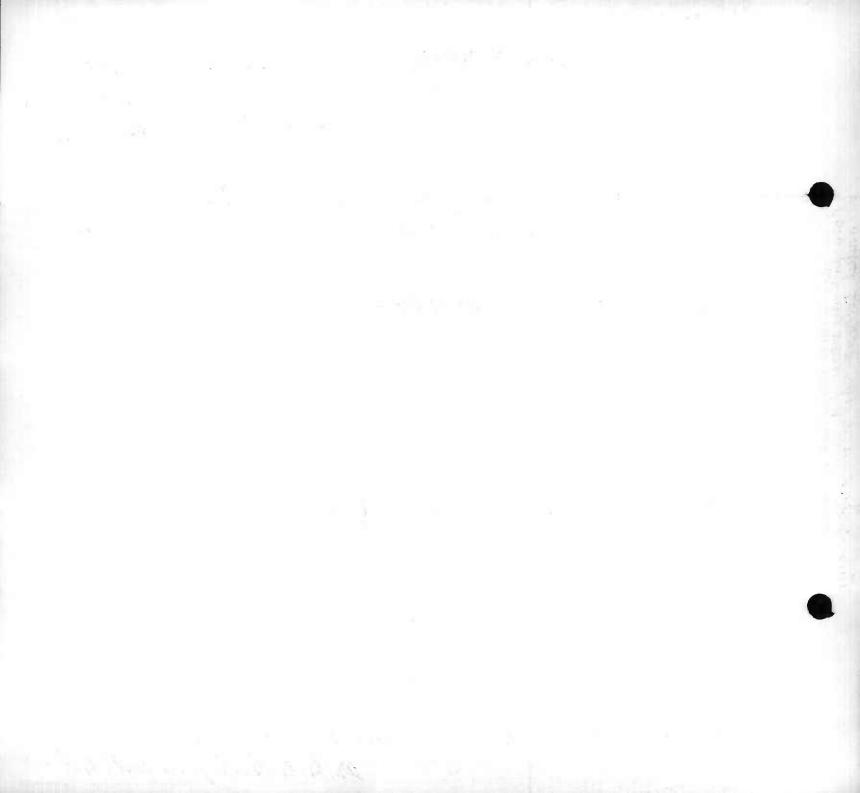
	death death cease on the
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	caus use; (
	uting ed ca ar at prior
	e approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contributin of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined tal (except where the physician who pronounced death was in regular of th); and (6) No physician was in regular attendance on the deceased prit be obtained before the remains are embalmed or final disposition is made.
	or condete
	if d rect (4) U was the sposi
Z	stant ne di ind; leath e on
5	if the
E	Also, re of noun atter
FUNERAL DIRECTOR: IMPORTANT	iner. ractu pro pro ular
L C	exam s) A fi who n reg are e
2	dical ical ins; (; ician vas ii
Z	med med ly bui phy: ian v
	by a 1) Bod e the e the ohysic
-	by the solital re; (2 where No F
	hosp natu cept dd (6)
	approper to the fany [(ex.
	st be used ent o spita death
	This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospit deceased prior to deat written approval must
	ificat was A at I prio
	ws: (1) ws: (1) pody
	This the sho was

11)-200	70 400	BALTIMORE CITY	HEALTH DEPARTMENT		70 10084
BIRTH NO.	70 100	CERTIFICA	TE OF DEATH	REG. NO.	VO T0004
1. NAME OF DECEASED	00	- 1	2. DATE AN	ID HOUR OF DEATH	
w15e	1 Byn	es L.	10-	11-70	9:29 A.
3. PLACE IN BALIIMORE	MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived, Il inst	itution: residence belare odmissian
FULL NAME OF (IF	NOT IN HOSPITAL OR I	STITUTION, GIVE STREET	maryh	on a.B	ALTO. CO.
NSTITUTION	DDRESS. OR LOCA HON		C. CITY OR JOWN	INDALIS D. INSID	E CITY LIMITS? 5.3 - 00
- UIC	eland N	unsing	DA 178.		NO Z
90 Nom	t,	11/201	E. STREET AND NUMBER	/_	1/7,
15	01 N. DU	1/Uland ST.	8408 K	AUAUAG	hKW.
SEX 6. RAC	F 7- MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	O ACE //	If Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
1-		WED DIVORCED	1-27-05	6.45	Months Doys Hours Min.
OA, USUAL OCCUPATION one during most of working I	N (Give kind at work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare)	gn cauntry)	12. CITIZEN OF WHAT COUNTRY
	SEWIFF		111 110		1150
- FATHER'S NAME	30,000		14. MOTHER'S MAIDEN NAM	A F	U. 0-17.
h. and	1.50			-	
Wes Deceased Ever in	WHITTIM	16. SOCIAL		NR	
es, no at unknawn) (If yes,	give war or dates of servi	SECURITY NO.	17. INFORMANT /50/	IN. DU	16/ADDRESS
		220-03-15	43 Dulaha	nd Nun	sing Home
18. 2////	21	CAUSE OF DEATH	1	,, ,	APPROXIMATE INTERVAL
	CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
1	IG TO DEATH	(A)IMMEDIATE CAU	SE PULMONARY	EDEMA	
hearl tailure, asthenic	n the mode of dying, a, etc. If means the dise		A CONSEQUENCE OF:		
injury or camplication	which caused death.)				
ANTECE	DENT CAUSES	m CORO	HARY BCCI	116 1 00 11	
DISEASES OR CON	NDITIONS, if any, give	ring DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
UNDERLYING CON	cause (A) stating	the (c) ASC	v A		
	11	(c)a.v.	<i>Y</i>		
OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTII	NG			
: TO THE DEATH BUT N	OT RELATED TO THE TERMIN IN GIVEN IN PART 1 (A).	IAL			
	ION 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	208. IF YES, WERE FIR	DINGS CONSIDERED
0	WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS	UNDERLYING	218 PLACE OF INJURY (e.g., in hame, form, factory, street, aff	or about 21C. WHERE DID	(If In Baltimore (City, give exect location)
DEATH (notify modical	exominer)	hame, form, factory, street, aff	ice bldg., INJURY OCCUR?		only, give exect faction,
		21E INJURY OCCURRED	215 11211 212	Inv. o aniini	
21D. TIME (Month) OF INJURY (APPROX.)		While At Nat While	215. HOW DID INJU	INT OCCUR?	
		Work L At Work			
	(this hospital) ottende		4-14	9 70 to	10-11 1970
		on 10 - 11	19.70 and the	t in (my) (our) opinie	on death accurred on the dat
		e. (1) (We) (did) (did nat) vi	ew the bady after death	,,, -p.m.	on the dat
23A. SIGNATURE			waay arrest deaths	12	3B, DATE SIGNED
Thomas	10. 16.	Atten	ding Med. Director		
23C.PHYSICIAN'S	W. Harris		3D. ADDRESS	Phys.	10-11-70
23C.PHYSICIAN'S NAME (Type)					
THEM	AS W. HA	RRIS DEGREE	4200 EDM	CATION CITY.	AXE
REMOVAL (Specify)				CATION (Cjty.	AXE tawn, as caunty) (State)
KEMATION		REENMOUNT	BA	TO, M.C.	
A. DATE REC'D BY HEA	LTH DEPT. 258 NA	NE OF REGISTRAR	25C. FUNERAL DIRECTOR	8 10	Carlo Kophess
OCI 14 7970	Valent E Vail	en real	25C. FUNERAL DIRECTOR	acording ; 1	reals of Mel
150 PEV 1/1/49			-	/	

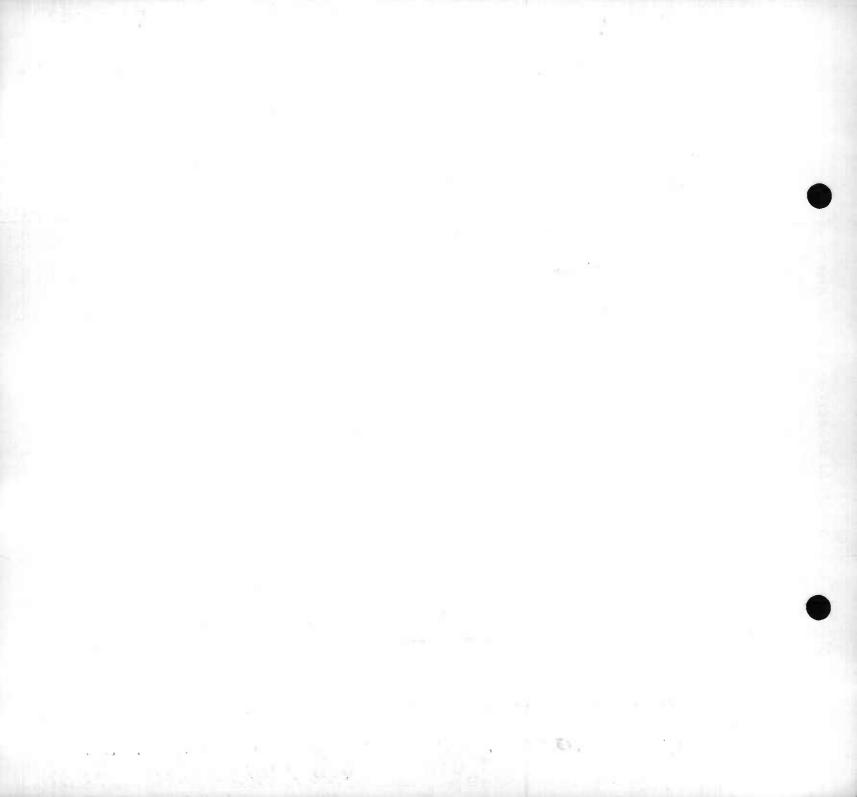


1415

BALTIMORE CITY HEALTH DEPARTMENT						
BIRTH NO. 70 10085 CERTIFICATE OF DEATH X REG. NO. 10085						
Type or Print MR. OSCAR	E. HAYES	2. DATE AND HOUR OF DEATH	1,470			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	nstitution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND -BA	LTI MB IZ Z			
CHURCH HOME of	HOSPITAL	BALTIMORE	YES NO V			
	AND. 21231	6832 DUNBAR RD.				
[0]	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if relired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?			
	EL MFGIZ	VA.	U.S.A.			
R.J. HAYES		14. MOTHER'S MAIDEN NAME ALICE YANCEY				
15. Was Decoosed Ever in U. S. Armod Forces? (Yes, no or unknown) (III yes, give wor ar dotes of serv	16. SOCIAL SECURITY NO. 2/3-07-225015	GEORGIA A. HAYES	ADDRESS			
18. 4/7 41	CAUSE OF DEATH		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		se Cardio respiratory an	BETWEEN ONSET AND DEATH			
(This does not meen the made of dving.	Unis does not meen the made of dying, e.g.,					
hearl failure, asthenia, etc. It means the dise injury at camplication which caused death.)	hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: Possible pulmonary lumbolis m.						
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:						
underlying Condition lost. (c) ASCVD. Possible pulmonary embolism						
Z 07/57 (1)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	21B. PLACE OF INJURY (e.g., in hame, larm, factory, street, aff	n or obout 21C. WHERE DID (If In Boltimorice bidg., INJURY OCCUR?	e City, give exact location)			
21D. TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?				
22. I certify that (I) (this haspital) attende	ed the deceased from	10/9 19 10 to	10/11 10 70			
that (1) (we) last saw the deceased alive	on10 /	19 10 and that In (my) (aur) apti	nion death accurred on the date			
and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.						
A.C. Chouvalit,		nding Med. Staff Phys.	238, DATE SIGNED 1970.			
23C.PHYSICIAN'S	DEGREE Phys.	Director Phys.	10/11/11/11			
A.C. CHOWNALIT	m.b.	CHURCH HOME 4 HO	SPITAL			
24A. BURIAL CREMATION, 24B. DATE 24G. REMOVAL (Specify)	DEGREE C. NAME OF CRE	MATORY 24D. LOCATION (Cit	y, town, or county) (State)			
BURIAL 10:14.70 A	PRLINGTION N	ATIONAL ARLINGTON	VB.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS J.			
VS 150-PEV 1/1/48	Library 1970	well farme pascey; No	100			



	1-500	BALTIMORE CITY	HEALTH DEPARTMENT	70 40000		
	BIRTH NO. 20 1008	CERTIFICA	TE OF DEATH	G. NO. 20 10086		
ı	I. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH		
	(Type or Print) Margaret C. Or	phoney	Dabl	G 1420 7:13 P.		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	NONOUNCED DEAD	4. USUAL RESIDENCE (Where deceases	d lived. If institution: residence before admission)		
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		Md. Balfamall	53-00		
. 1	al		Ball	D. INSIDE CITY LIMITS?		
7	Amion Memorial	Hospital	E. STREET AND NUMBER 7925 ROLLINGUIS	YES NO		
	5. SEX 6. RACE 7. 14. A.	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	rue .		
	F Wido	WED DIVORCED	1-17-84 last birthda	Manths Days Hours Min.		
	IOA. USUAL OCCUPATION (Give kind of work 10 B. KIN done during most of working life, even if relired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lareign country)	12. CITIZEN OF WHAT COUNTRY?		
	Housewife 0	lun Home	mariland	USA		
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
1	Marireo Ellwood		Salah Daltan			
į	5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS		
II,	Yes, no er unknown) (If yes, give war ar dates of serv	SECURITY NO.	Man Man Cla			
1	None	CAUGE OF BEAT	Mrs. Mary Ste.	19 1925 Roldrew Aux		
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		uliovascisa		
	heart failure, asthenia, etc. It means the disc injury or complication which coused deoth.)	DUE TO, OR AS	CONSEQUENCE OF: Prem	l .		
ľ	ANTECEDENT CAUSES	-Anc	nia Perlosia	i		
1	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: CITIENS CHIEFE					
I	rise to the obove cause (A) stating UNDERLYING CONDITION last.	the Card	riculescular Brus-	3 mas		
1	the state of the s	(c)		100		
II.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		,		
	TO THE DEATH BUT NOT RELATED TO THE TERM!! DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	************************************			
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING TO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?		
- 10	OR CONTRIBUTING CO	21 B. PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	In Baltimare City, give exact location)		
	DEATH (notify medical examined)	home, form, foctory, street, off	ice bidg., INJURY OCCUR?			
	21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?		
H:	(APPROX.)	While At Work At Work				
П	22. I caretty show At Chie haratte Date of	THORE THORE		10 10 00		
ı	22. I certify that (1) (this hospital) attended the deceased from 9/25 19/20 to 19/20 that (1) (we) lost saw the deceased alive on 19/20 and that in (my) (four) opinion death occurred on the date					
ı				(our opinion death occurred on the date		
ı	and hour and from the couses stated above	of Charles (are the A	ew the body after death.			
	2. Eugene tag	/ Atten	ding Med. Staff	23 B, DATE SIGNED		
1		Phys.	Director Phys.	10/9/10		
	23C. PHYSICIAN'S NAME (Type)	V/0 144 0	3D. ADDRESS	Pal		
2	4A. BURIAL CREMATION, 124B. DATE 124	ist, VUID DEGREE	73 Staumouke,	Daltimase Md.		
	REMOVAL (Specily)	C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)		
	Burial Oct. 13, 1970	St. John's Catho	Lic Cemetery Kano Gru	een Balto. Co. M		
2	THE TANGETTON COLD OF THE COLD	ME OF REGISTRAR	25C TUNERAL DIRECTOR	ADDRESS		
L	001 14 13/1 Jaba 6 1 50	Ben ARB	Jewa / Hanne	HOW YOURAN		
V	S 150-REV. 1/1/68		V			



8.53

NO

U.S.A.

ADDRESS

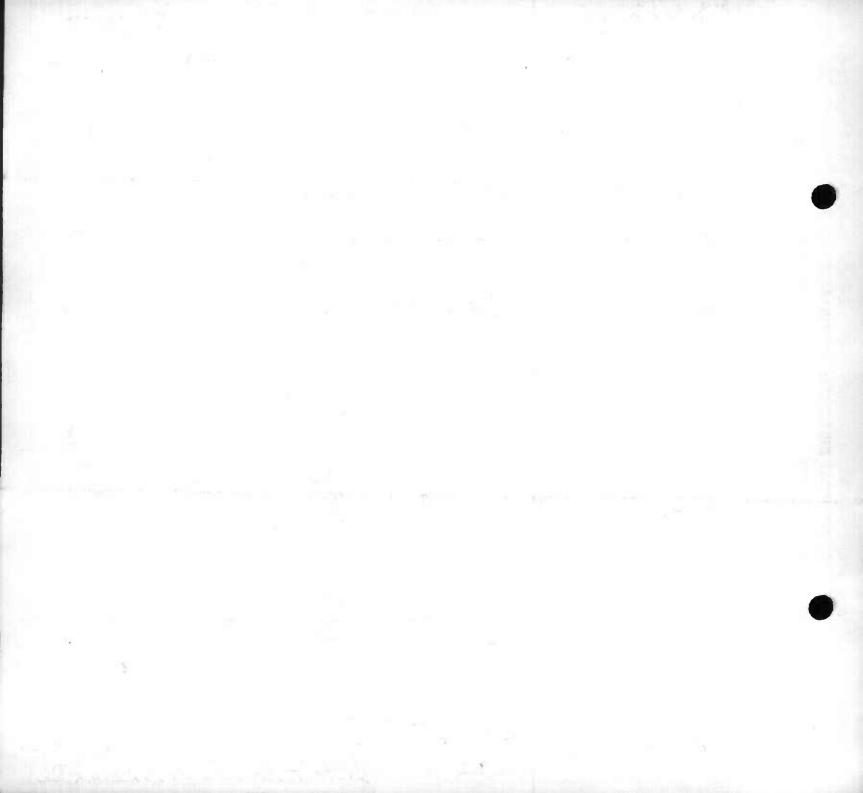
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

6 DAYS

Il Under 24 Hrs.

DIRECTOR: FUNERAL

VS 150-REV. 1/1/68



Robert E.

BALTIMORE	E CITY HEALTH DEPARTMENT
bikin NO.	ICATE OF DEATH X REG. NO. 70 10088
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
KOE. Mr. ME/YIN D.	10 October 1970 111 A
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissing A, STATE B, COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	T Md (1.9 12) 52-01
NSTITUTION	D. INSIDE CITY LIMITS?
MANYLAND GENERAL HOSPITAL	E. STREET AND NUMBER
48	42 PATAPSCO
6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. 11 Under 24 Months; Days Hours Min
MALE WhITE WIDOWED DIVORCED	
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
one during most of working life, even if retired)	Manyland USA
3. FATHER'S NAME	,
	14. MOTHER'S MAIDEN NAME
Samuel Roe	annie Jewel
5. Wes Deceased Ever in U. S. Armed Forces? es,no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	II/. INFORMANT ADDRESS
ND 217-09-16	1/12/2 -
18. CAUSE OF D	DEATH APPROXIMATE INTERVA
1021	BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ZEINOMA O LUNG
(A) IMMEDIATE	TE CAUSE OR AS A CONSEQUENCE OF:
heort failure, osthenio, etc. It means the disease, injury or complication which coused death.)	DRAS A CONSEQUENCE OF:
ANTECEDENT CAUSES	~
DISEASES OR CONDITIONS, if ony, giving DUE TO, O	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 21B-PLACE OF INJURY (
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATHY
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (home, form, foctory, street	(e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exoct location)
DEATH (notify medical examine)	est office bldg., INJURY OCCUR?
2 21D-TIME (Month) (Doy) (Yeen) (Houd 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
Of Milling	t While
	Work L
22. I certify that (b) (this hospital) attended the deceased from.	1919
that (1) (we) lost sow the deceased alive on 10 Oc	h
and hour and from the couses stated above. (1) (We) (did) (did	
23A SIGNATURE	238, DATE SIGNED
oum o D.	Attending Med. Staff D 10 0-12 flor. 18:
wegger Dille OEGREE	
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
4A. BURIAL CREMATION, 1248. DATE 124C. NAME OF CEMETERY OF	DEGREE OF CREMATORY [24D. LOCATION (City, fown, or county) (State
REMOVAL (Specify)	000 000
DUNIAL 10/3/70 MODELA	2WN OALTH CO Md.

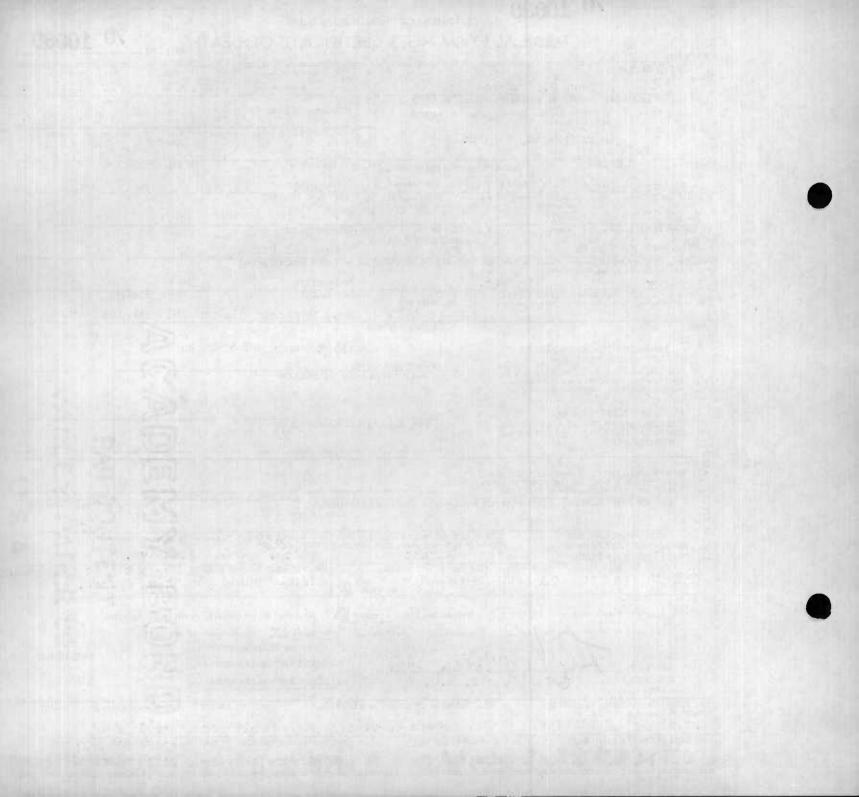


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the
--

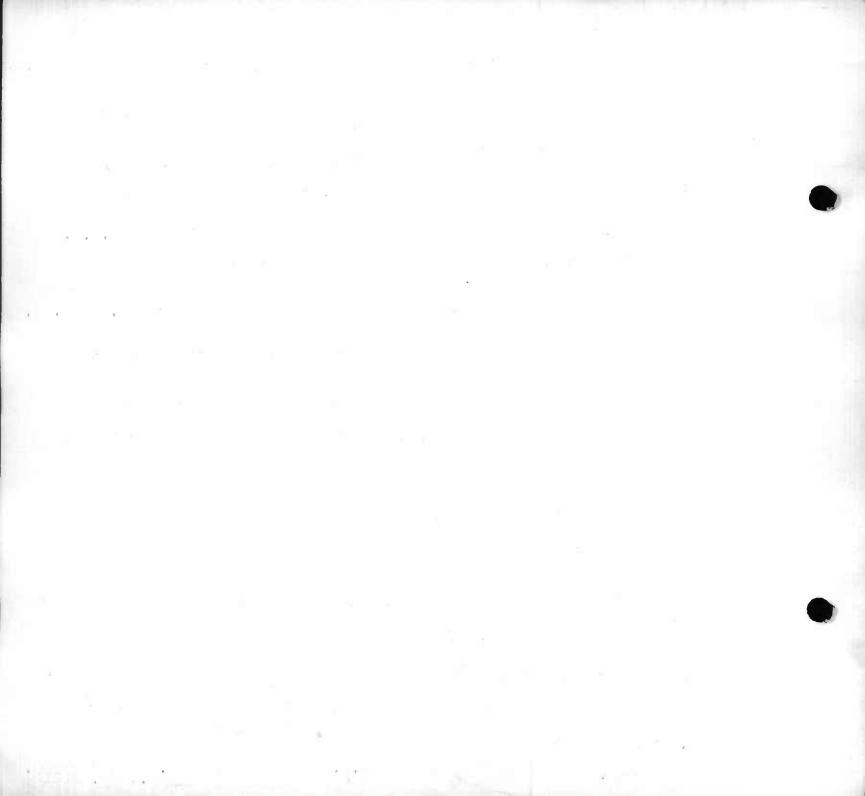
W-452 70 1008		HEALTH DEPARTMENT	REG. NO	70 10089
1. NAME OF DECEASED (Type or Print)	Bussie	2. DAJE	AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		14. USUAL RESIDENCE (V	(here deceased lived it	1970 6:35 PM
		D. CO	UNTY	mistrollong residence before admission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOPATION)	ASTITUTION, GIVE STREET	Maryland c. City of town	In IN	SIDE CITY LIMITS?
Montebello State	Hospital	Baltimore		YES [NO [
91 Balt Juis M	d. 21218	E. STREET AND NUMBER	***	
5. SEX 6. RACE 7. MAD		1102 Duke		
7, 79,1010	RIED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years lost birthday)	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10R, KIN	D OF BUSINESS OR INDUSTRY	5-1-1905	65	12. CITIZEN OF WHAT COUNTRY
or working life, even it relified)				
Housewife 3. FATHER'S NAME	000	North Carol	ina IAME	U.S.A.
John Fox	4.5	Rannie ?		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) [lif yes, give was ar doles of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
		17277		
No 18. 44 × / × → 0 >	217543475 CAUSE OF DEATH	William Wade:	LI 1102 Duke	approximate Interval
DISEASE OR CONDITION DIRECTLY		0		BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE deptice	ui a	Within Stha
heall failure, aslhenia, elc. Il means the dise injury or complication which caused death.)	dse, DUE TO, OR AS	CONSEQUENCE OF:		
ANTECEDENT CAUSES	91	P		· 1 1 2 2 11.
DISEASES OR CONDITIONS, if any, given	ving DUE TO, OR AS	A CONSEQUENCE OF:	onco v	1 H Milliam of Me
rise to the above cause (A) stating UNDERLYING CONDITION last.	the P	4	. \.	2 minte
II	(c)	and 110 bri	~~ \ \ \ -	0 411.10
	IAL YMW	Piple Mys	loma	7 months
194 DATE OF OPERATION 198 CONDITION F		2004. AUTOPSY? (Yes of	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, offi etc.)	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(il In Boltimos	re City, give exact location)
S OF INJUKE	21E. INJURY OCCURRED	21F. HOW DID I	JURY OCCUR?	
(APPROX.)	While At Not While At Work			
22. I certify that (1) (this hospital) attended	ed the deceased from	me 19	19 70 to O	et. 11 19 20
that (1) (we) last saw the deceased alive (on October	11 19 20 and		nion death occurred on the date
and hour and from the causes stated above	(I) (We) (did) (did not) vi			
23A. SIGNATURE) ax	4		238, DATE SIGNED
	CLA MED Aften Phys.	Director L	Staff Phys.	Oct. 11,70
23C. PHYSICIAN'S NAME (Type)		BD. ADDRESS	o Da	1 -10
4A. BURIAL CREMATION, 248. DATE 240 REMOVAL (Specify)	C. NAME OF CEMETERY OF CREA	MATORY 24D.	LOCATION (CI	feepital ty, town, o county) (State)
DUDTAT TO ALLES	Rocky Mount Ceme	terv	cky Mount. N	C
SA. DATE REC'D BY HEALTH DEPT. 258, NAN	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
OCT 14 1970 Paber E. Jarke	micros) () (Marshall W.	Jones, Jr. 1	735 Harford Ave.
150-REV. 1/1/68				



DALTIMORE CITY I	HEALTH DEPARTMENT	
4-626 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 10030
BIRTH NO.	KEG. NO.2	
1. NAME OF DECEASED	2. DATE Known XX. Month Doy	Year Hour
(Type or Print) Alfred J. Parker	OF DEATH Estimoted 10 11	70 12:30 Pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 10 11	70 12:30 p.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution	. М.
Church Home Hospital	A. STATE MARYLAND	27-17
6. SEX 7. RACE B. MARRIED NEVER MARRIED		TY LIMITS?
male Negro WIDOWED DIVORCED		s 🗓 No 🗌
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hi		3 LA NOL
lost birthdoy) Months Doys Hours Mi	in. 2016 October Arronno	
7-10-52 18	2916 Oakley Avenue	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Albany, New York U.S.A.	Nathaniel Parker	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS	TRY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if rettred)	Margaret	
Laborer Constr.		DDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.		
no 102-44-8585	Mrs. Margaret Thomas 2916 0	
19. CAUSE OF D	EATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Gunshot wound of abdomen	
LEADING TO DEATH		
(A)IMMEDIAT	DR AS A CONSEQUENCE OF:	
heart foilure, osthenio, etc. It meons the diseose, injury or complication which caused deoth.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:	
I INDERLYING CONDITION LAST		
Z (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.	g., in or obout 22C. WHERE DID (II in Baltimore City, give exa office bldg., etc.) INJURY OCCUR?	ct locotion)
	office bldg., etc.) INJURY OCCUR? Balto. & Collington Av	re. 6-03
UTING CAUSE OF DEATH. STREET 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRE		
OF INJURY 10 11 70 12:10 WHILE AT TO N	officer while resisting	arrost
(APPROX.) TO IT 70 III I WORK	T WORK X	, arrest.
23.	1777	
I certify that I held on Inquiry Inspection	Autopsy (A) and that on this basis, death in my	opinion
resulted from: Notyrol coupes Accident Sul	clde Homicide XX Undetermined monner	
	CHIEF MEDICAL EXAMINER	
ACTUAL XIII	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	N.D.	10/10/70
examiner's Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	10/12/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	RY or CREMATORY 24D. LOCATION (City, town	, or county) (State)
Burial 10-16-70 Mt. Auburn Ce	emetery Baltimore, Mary	land
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25c. FUNERAL DIRECTOR 1735 Harfor	
OCT 1 4 4000 O 0 0 7 7 0 34 9		
On To Man nopered of derpart with U	Baltimore, Maryland 2121:	3 -Marshall Jones
VS 151-REV. 1/1/68		



В	1 1 1 1 1 1 0 0 0 1 1	TE OF DEATH REG. NO. 70 10091
	NAME OF DECEASED SPECIAL PRINTS BARRETO, Anibal	2. DATE AND HOUR OF DEATH 10/13/70
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION)	Puerto Rico
li ii	OSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	The Johns Hopkins Hospital	Bayamon YES NO
li bar		22-3 18Street Sta. Rosa, Bayamon
	Male 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manihs Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Accountant - Pan American	Aguadilla, Puerto Rico U.S.A.
I	rancisco Barreto	Milan De Eulalie
15. (Ye	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 21 225
L	No 079-24-4576	
	18. 3 95 101 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CA	med ontic Valendar Dicolors
		A CONSEQUENCE OF:
	injury or complication which caused death.)	110.10
	DISEASES OR CONDITIONS, if any, giving (B) K Mu DUE TO, OR AS	A CONSEQUENCE OF:
	I don't be the state of the sta	a Value Prostheris in Plan
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
ERTIFIC	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	9 (8)
MEDICAL	21D.TIME (Manth) (Doy) (Year) (Haut) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At Not While At Work	° 🗆
	22. I certify that (1) (this haspital) attended the deceased fram.	-30 1970 to 10-13 1970
	that(1) (we) last saw the deceased alive an 10 -13 - 70	19and that fn (my) (our) apinion death accurred an the date
	and haur and from the causes stated above (1) (We) (did) (did not) v	
	Dolar W Roll MO AH	anding Med. Staff
	DEGREE Phy	nding Med. Stoff Director Phys. 10 3 70
	John W. Bake M.D.	Johns - Hognus Hospital
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION (City, town, or county) (Stotel
F	Rem. Burial 10/15/70 Aguadilla	Puerto Rico
25	OCI 14 1970 Pale & Lange of Registrar	25c. funeral pirector & Sons Co. 4905 York Rd.
1	150-BEV 1/1/48	Balto Md. 21212



VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

70	10092	MEDICA	L EXA	MINER'S	CERTIFI	CATE OF	DEAT	H 70	100	92	
BIKIN IVO.											
1. NAME OF DEC	/_	lugene)	¥		2. DATE	Known 🛣	Month 10	Ddy 11	Year 70	9:10	
		Le Vaugh			DEATH	Estimoted .			, -		P . M.
4. PLACE IN BAI		* *			3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL	ADDRESS (HOSPITAL OR IN	SHIUHON,	GIVE STREET	I KONO	OTTOED DEAD	10	11	70	'9:10	Р. м
OR INSTITUTION	a	77	2 to 2			ESIDENCE (Where	dece osed li			elore odmi	ssion)
20	St. Ag	nes Hosp	ital		A. STATE	id.	11	B. COUNTY	115x 6	3.0	
6. SEX	7. RACE	8. MAI	RIED A	IEVER MARRIED	C. CITY OR	TOWN	- 2 12	D. INSIDE	CITY LIMITS?		
	27		WED 🗆	DIVORCED	Jes	ssup			YES X	NO 🗆	
male 9. DATE OF BIRT	Negro	AGE (in years	كب النائد	1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		1	TES LAI	NO LJ	
	los	t birthdoy)	Months :	Doys Hours Min.			6				
11-24-19		64	1			Box 27	О				
11. BIRTHPLACE			12. CITIZ		13. FATHER						
Ahoski, N				T COUNTRY?		y Lee Vau					
done during most of	PATION (Give kin	ol work 148. KIN	ID OF BUS	INESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	NE				
Disable	- orking Hie, even a	· cilied)			Rena	Deloatch					
16. WAS DECEAS	ED EVER IN U.S.	ARMED FORC	ES? 17.	SOCIAL SECURITY NO.	18. INFOR	TANK			ADDRESS . I	essup,	Md.
(Yes, no or unknown	(If yes, give war	or dotes of servi	(e) 2 2	SECURITY NO. 1-01-6094	Mrs	Wilhelmin	a Vaug	han R		0×276	
No.				CAUSE OF DEA		WI III E IIII III	u vuug	ilali i		PROXIMATE II	
(This does theart follure	SE OR CONDITION LEADING TO DE mot meon the most, osthenia, etc. It is mplicotion which co	ATH le of dying, e.g leons the disease	~~ la	(A)IMMEDIATE		sclerotic	cardio	ovascula		ase	CNO DEATH
DISEASES RISE TO TH	OR CONDITIONS E ABOVE CAUSE NG CONDITION	A) STATING TH	G IE	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
DISEASE OF	NIFICANT CONDIT ATH BUT NOT REL R CONDITION GIV	ATED TO THE TER EN IN PART 1 (/	MINAL	•							
20A. DATE O	F OPERATION 2	OB. CONDITIO	N FOR WH	ICH OPERATION W	AS PERFORM	MED			2f. AUTO	PSY? (Yes	or No)
0 0										no	
UNDERLYING	NAL CAUSE WAS OF CONTRIB LUSE OF DEATH.		228. PLAC	CE OF INJURY (e.g., m, factory, street, ollin	tn or obout be bldg., etc.)	NURY OCCUR?	(If in Bollimo	re City, give e	xact location)		
22D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Year) (Ho	m. WHILL		WHILE	22F. HOW DID IN	JURY OCC	UR?			
23.				-	Lund						
I cer	tify that I held	on Inquiry	<u> </u>	spection XX Au	tapsy	ond that on t	his basis,	death in m	y opinian		
resul	Ited from: Natu	ral courses	Acci	dent Sulci	de 🔲 H	omicide 🗌	Undetermi	ned manner			
	7	10	-			CHIEF MEDICAL I					
ACTUAL		. 101	MI	110	ASSI	STANT MEDICAL	YAMINED	П		DATE SIG	NED
SIGNAT EXAMIN NAME (VER'S Pete	Lipkov	vic, M	.D.).	CIATE MEDICAL I		⊠k		10/12	/70
24A. BURIAL CRE	MATION, 24B.	DATE	24C. N	AME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, to	wn, or county)	(Ste	ote)
REMOVAL (Spec	ify)	0-16-70		Family Lot			Norfol			rginia	
25A. DATE REC'E			NAME OF	REGISTRAR	25C.	FUNERAL DIRECT		Λ,	ADDRESS	Aillia	
	OCT 1 F 4		AC.		M	ORTON & DY	FTT F	H 1	701 Lau	rane 9	itres

		07 SEUTE 07	
•			
		,	
A TOTAL THE STREET			

IMPORTAN

DIRECTOR:

Accelled a 1974 Reside Jack Charles at the con-The first of the second of the

GIRE

JACOB

BODY

VS 150-REV. 1/1/68



NAME OF DECEMBER PRACE IN BACKHORE, MARILAND, WHERE FRONOUNCED DEAD WILL NAME OF GEN TOT IN HOSSITAL OR INSTITUTION, GIVE STREET ADDIESS OR LOCALONI STAT MARY LAND GEN TOT IN HOSSITAL OR INSTITUTION, GIVE STREET ADDIESS OR LOCALONI STAT MARY LAND GEN TOT IN HOSSITAL OR INSTITUTION, GIVE STREET ADDIESS OR LOCALONI STAT MARY LAND GEN TOT IN HOSSITAL OR INSTITUTION, GIVE STREET ADDIESS OR LOCALONI STAT MARY LAND GEN TOT IN HOSSITAL OR INSTITUTION, GIVE STREET ADDIESS OR LOCALONI STAT MARY LAND GEN TOT IN HOSSITAL OR INSTITUTION, GIVE STREET ADDIESS OR HOSPITAL WILL THORK GEN TOT IN HOSSITAL OR INSTITUTION, GIVE STREET ADDIESS OR LOCALONI BALT I MORE L. STREET AND NUMBER L. STREET AND NUMBER	M-1160		BALTIMORE CIT	Y HEALTH DEPARTMENT		WO 4 - 00F
DATE AND FORCEASED DATE AND FOUR FOR THE COLORER 1970 2:15 A	BIRTH NO.	70 10	195 CERTIFICA	ATE OF DEATH	REG. NO	70 10095
UN HAME OF THE POT IN HORDITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION STITUTION, GIVE STREET ADDRESS OF LOCATION, GIVE ST	I. NAME OF DEC	FASED		2. DATE A	ND HOUR OF DEATH	
UN NAME OF THE WORLD AND THE ENDNOUNCED DEAD UN NAME OF THE WORLD AND OPPOSED ON LOCATION ST AGNES HOSPITAL AND AND ADDRESS HOSPITAL ST AGNES HOSPITAL AND ADDRESS HOSPITAL ST AGNES HOSPITAL AND ADDRESS HOSPITAL ST AGNES HOSPITAL ST AGNES HOSPITAL AND ADDRESS HOSPITAL ST AGNES HOSPITAL AND ADDRESS HOSPITAL A	MILLER,	ANNE ROSE		OCTO	DBER 9, 19	70 1 2:15 A. N
MARY LAND BALTIMORE COUNTY ADDRESS OF LOCATION, GIVE STREET DESTRICT ON THE COUNTY ADDRESS OF LOCATION, GIVE STREET DATE OF STREET AND RUMBER VEST NO (STREET) NO	3. PLACE IN BAL	TIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	era deceased lived, tl i	nstitution: residence before admission
ST AGNES HOSPITAL C. CITY OR FOWN	FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET		BALTIMO	RE COUNTY 5'3
BALTIMORE STEET No EXE No EXE STEET AND NUMBER 1201 MARTIN COURT 21229	HOSPITAL OR	ADDRESS OR LOCATIO	N)	C. CITY OR TOWN		
SET STREET AND NUMBER 12.01 MARTIN COURT 21.229	CT ACNE	C UOCDITAL		BALTIMORE		
SEX BACE ABARRED NEVER MARRED DIVORCED D. DATE OF BIRTH SATE IN great per before the Minkey Driver 22. Hinders Minkey Driver 22. Hinders Minkey Driver 23. Hinders Minkey Driver 24. Hinders	31 AGNE	3 HUSFITAL		E. STREET AND NUMBER		
FEMALE WHITE WIDOWED DIVORED 02-21-18 52 AUSJALA OCCUPATION (cive lind of weat) [as, the property of the pro	70			1201 MARTIN	COURT	21229
ADJACATE RECOBILITION OF WHAT COUNTED DIVORCED DV-2-1-18 S2 DV-2-1-18 DV-2-1-	SEX	6. RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
ALEXANDER HAMPS EY DEC 1D WENCEL) ROSE DEC 1D WENCEL) ROSE DEC 1D LAMOITER'S MARIER HAMPS EY DEC 1D WENCEL) ROSE DEC 1D WENCEL) ROSE DEC 1D JISEASS OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the ended of dying, e.g., heart foliume, astherio, etc. Il meens the disease, injury or complication with closed destay. ANTECEDENT CAUSES DISEASS OR CONDITIONS, II any, giving rise in the chove cause (A) stelling the UNDERLYNG CONDITIONS CONTRIBUTION OF HEALTH ALL DISEASS OR CONDITION OF THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DI				02-21-18	52	Min.
PENNSYLVANIA USA ALEXANDER HAMPS EY DEC D Wee Dearward Row in U. 3. Armed Forces? Service Inc. of the Company of the Compan	A. USUAL OCCU	JPATION (Give kind of work 108,	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stola ar fore	eign country)	12. CITIZEN OF WHAT COUNTR
FATHER'S NAME A LEXANDER HAMPS BY WER Decreased from in U. S. Armed Forces? Note U. S. Arme	LI .		Clothing	PENNSYLVANI	A	USA
ALEXANDER HAMPS EY Was Decased Eye in U. S. Amed Forces? NO. 77-18-4054 ST AGNES HOSPITAL WILKENS & CATON AVE APPENDIA OF MINIOR TO DEATH (It is does not men the made of dying, e.g., heart follows, estemic) in use of minior of men the made of dying, e.g., heart follows, esthemic, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) sliding the UNDERLYING CONDITION lost. II ONDERLYING CONDITION I est. ALL IN THE ENMAND IN THE ENMAND IN THE ENMAND IN THE ENMANDERLYING CONDITION FOR WHICH OPERATION PS SIGNIFICANT CONDITIONS (CONTINUE TO THE ERMAND IN THE ENMANDERLYING CONDITION FOR WHICH OPERATION PS CONDITION						
NOS DESCRIBED SET IN U. S. Armed fecces? In Second of Information (17. INFORMANT) IT STAGNES HOSPITAL WILKENS & CATON AT STAGNES HOSPITA	AI CVAND	ED HALLDO EN	25215			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., theort follow, eighenic, etc.) in meen the mode of dying, should be disease, industry or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) islaining the UNDERLYING CONDITION lost. CO. DISEASE OR CONDITIONS CONTRIBUTING OF THE DEATH BUT MORE AND THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING CONDITION OF THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE	ALEXAND	EK HAMPSEY	DEC D			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meet the mode of dying, e.g., the off follow, esthemic, etc.) in mount in emote of dying, and the office of the obove course (A) is slaining the UNDERLYING CONDITIONS, if any, giving fise to the obove course (A) is slaining the UNDERLYING CONDITION lost. (B) DISEASE OR CONDITIONS, if any, giving fise to the obove course (A) is slaining the UNDERLYING CONDITION lost. (C) DIVERS SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH OF	es,na or unknown)	Ilf yes, give wer or dotes of	service) SECURITY NO.	I I I		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which caused dooth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) staling the UNDERLYING CONDITION lost. (C) DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) staling the UNDERLYING CONDITION lost. (C) DISEASES OR CONDITION ISE. (G) DUE TO, OR AS A CONSEQUENCE OF: HAUTH DA DIT (A) THE DEATH BUT NOT RELATED TO THE TERMINAN CONDITION ISE. (C) DISEASES OR CONDITION ISE. (C) DISEASE OR CONDITION ISE. (G) DUE TO, OR AS A CONSEQUENCE OF: HAUTH DA DIT (A) THE DEATH BUT NOT RELATED TO THE TERMINAN CONDITION ISE. (C) DISEASES OR CONDITION ISE. (C) DI	NO		77-18-405	+ ST AGNES HO	DSPITAL WI	LKENS & CATON A'
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., theat folius, eatheria, etc. it means the disease, lieut folius, eatheria, etc. it means the disease, lieuty or campilication which coused doesn.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) sialing the UNDERLYING CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: AULT DATE of ORDITION (In the EREMINAL DISEASE OR CONDITION TO THE EREMINAL DISEASE OR CON	18. 3 4 5	XI	CAUSE OF DEA	TH Pul edema		
ITHIS does not mean the mode of dying, e.g., heart follure, estheric, etc. II means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH OF			LY	1	0	
Repair followe, asthenia, etc. Il means the disease, injury or camplication which caused death.] ANTECEDENT CAUSES OR CONDITIONS, if any, giving isse to the above cause (A) stating the UNDERLYING CONDITION lost. II			(A)IMMEDIATE CA	USE POLICITORIO POLICI	winding	1 0
INJURY OF COMPITED THE TERMINAL DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 17A-DATE OF OPERATION 1984. CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONSIDERED REPORT OF REMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21B. FLACE OF INJURY (e.g., in or about 21C. WHERE DID NOT CERTIFING CAUSES OF DEATH Hondrift produced accounted which was provided and how on the course of the	heart tailure.	ashenia, etc. Il means the	disease,			************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OP OFERATION 19A-COLDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A, ACCIDENT WAS UNDERLYING home, form, foctory, street, office bldg., INJURY OCCUR? 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21D, TIME OF INJURY (Month) (Day) (Yee) (How) 21E, INJURY OCCURED While At Not While At Not While At Work 22, I certify that (X) (this hospital) attended the deceased from AUGUST 28, 19 70 and that In Xmy) (aur) apinian death accurred an the dath and have and from the causes stated abave. (MWe) (did) (MX XM) view the bady after death. 23A, SIGNATURE About Creening Med. 23B, DATE, SIGNED DECREE STAGNES HOSPITAL WILKENS & CATON AVE REMOVAL (Spacify) ADDRESS NAME (Type) CHITTCHANG ADDRESS			th.)	Rhum which	Heart Di	MARCH MS HOLK
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OP OFERATION 19A-COLDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A, ACCIDENT WAS UNDERLYING home, form, foctory, street, office bldg., INJURY OCCUR? 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21D, TIME (Month) (Day) (Yee) (Houd) 21E, INJURY OCCURED While At Not While Al Work 22, I certify that (V) (this hospital) attended the decased fram AUGUST 28, 19 70 to OCOTBER 9, 19 70 that (N) (we) lost saw the decased alive an OCTOBER 9, 19 70 and that Invery) (aur) apinian death accurred an the date and have and fram the causes stated abave. (M) (We) (did) (M) (M) (We) view the bady after death. 23A, SIGNATURE About Cremation About Rescriptor A Decase STAGNES HOSPITAL WILKENS & CATON AVE ABURIAL CREMATION, 24B, DATE REMOVAL (Spacify) ADDRESS ADDRES	1		(B)	1 4000 VIII CONTE	11 60011 011	1000 110 11090
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OP OFERATION 19A-COLDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A, ACCIDENT WAS UNDERLYING home, form, foctory, street, office bldg., INJURY OCCUR? 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21D, TIME (Month) (Day) (Yee) (Houd) 21E, INJURY OCCURED While At Not While Al Work 22, I certify that (V) (this hospital) attended the decased fram AUGUST 28, 19 70 to OCOTBER 9, 19 70 that (N) (we) lost saw the decased alive an OCTOBER 9, 19 70 and that Invery) (aur) apinian death accurred an the date and have and fram the causes stated abave. (M) (We) (did) (M) (M) (We) view the bady after death. 23A, SIGNATURE About Cremation About Rescriptor A Decase STAGNES HOSPITAL WILKENS & CATON AVE ABURIAL CREMATION, 24B, DATE REMOVAL (Spacify) ADDRESS ADDRES	DISEASES O	R CONDITIONS, if any,	giving DUE TO, OR A	S A CONSEQUENCE OF:	1 0 1	116' 1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199-DATE OP OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No.) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. TATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 210. AUTOPSY? (Yes or No.) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 211. TATE 199-DEATH (notify) medical examined 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? 210. TIME (Month) (Day) (Yeor) (Houd) 216. INJURY OCCURED 217. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Yeor) (Houd) 216. INJURY OCCURED 217. HOW DID INJURY OCCUR? 222. I certify that (X) (this hospital) attended the deceased from AUGUST 2.8, 19.70, to OCCURE 9, 19.70, and that InXivoy) (aur) apinion death accurred an the date and hour and from the causes stated abave. (I) (We) (did) (XIX XX) view the bady after death. 232. SIGNATURE 238. DATE, SIGNED 230. ADDRESS BALT I MORE MD 21229 330. FIYSICIAN'S 248. DATE 246. NAME of CEMETERY OF CREMATORY 240. LOCATION (City, Iown, or county) (Stote) 240. LOCATION (City, Iown, or county) (Stote) 240. LOCATION (City, Iown, or county) (Stote) 240. LOCATION (City, Iown, or county) 240. LOCATION (Cit	UNDERLYING	CONDITION last.	(C)	Meure 10 a our ja	u enaoca	noun of who
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		11				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. CONDITION 1995. CONDITION 19	OTHER SIGNIFICATION THE DEATH	CANT CONDITIONS CONTRI	BUTING			
19A.DATE OP OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDING'S CONSIDERED IN CERTIFYING CAUSES OF DEATH?	DISEASE OR CO	ONDITION GIVEN IN PART 1 (A).			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Manth) (Day) (Year) (House etc.) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While Not While Not While Not While Not Work Not Wo	19A-DATE OF	OPERATION 198 CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No	208, IP YES, WERE	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Manth) (Day) (Year) (House etc.) 21D. TIME (Manth) (Day) (Year) (House etc.) 21D. TIME (Manth) (Day) (Year) (House etc.) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While Not While Not While Not While Not Work Not Wor	0				IN CERIFFING CA	USES OF DEATH?
21D. TIME (Manth) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21D. TIME (Manth) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While 1 22. I certify that (X) (this hospital) attended the deceased fram AUGUST 28, 19.70 to OCOTBER 9, 19.70 that (X) (we) last saw the deceased alive an OCTOBER 9, 19.70 and that InXmy) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (AiX XoX) view the bady after death. 23A. SIGNATURE Attending Med. Stoff Med. Director Phys. BALT I MORE MD 21229 S CHITTCHANG A. BURIAL CREMATION, 24B. DATE PAGE ST AGNES HOSPITAL WILKENS & CATON AVE A. BURIAL CREMATION, 24B. DATE PAGE ST AGNES HOSPITAL WILKENS & CATON AVE A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 105C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS APDRESS ADDRESS	OR CONTRIBUT	IING CAUSE OF	home, form, foctory, street	in ar about 21 C. WHERE DID	(If In Boltimor	e City, give exoct lacotion)
While At Work Not While Not While Not While Not While Not While Not Work N	DEATH (notify	medical examined	etc.)			
Mork Mork Nat While	OF INJURY	(Manth) (Day) (Year) (Ho		21F. HOW DID INJ	URY OCCUR?	
22. I certify that (X) (this hospital) attended the deceased fram AUGUST 28, 19 70 to OCOTBER 9, 19 70 and that in (X) (we) last saw the deceased alive an OCTOBER 9, 19 70 and that in (X) (aur) apinian death accurred an the date and have and fram the causes stated abave. (I) (We) (did) (Aid XoX) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. (O9970 23C. PHYSICIAN'S NAME (Type) S CHITTCHANG M.D. DEGREE ST AGNES HOSPITAL WILKENS & CATON AVE A. BURIAL CREMATION, 24B. DATE PAGE. ACC. NAME of CEMETERY OF CREMATORY (City, town, or county) A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR (25C. FUNERAL DIRECTOR APDRESS)	(APPROX.)		While At Not Whi	10 [
that (N (we) last saw the deceased alive an OCTOBER 9, 19.70 and that In Nov) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did Nov) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE, SIGNED 0.99.70 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS BALTIMORE MD 21229 S CHITTCHANG M.D. DEGREE STAGNES HOSPITAL WILKENS & CATON AVE A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS	22. 1 contien	that M (this bondtall at			. 70	OTDED O #0
and haur and from the causes stated abave. (1) (We) (did) (did XoV) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE, SIGNED 23C. PHYSICIAN'S NAME (Type) S CHITTCHANG M.D. DEGREE ST AGNES HOSPITAL WILKENS & CATON AVE ABURIAL CREMATION, 24B. DATE PREMOVAL (Spacify) ADATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS APDRESS APDRESS APDRESS	that Of twee	last saw the decree ! -!	tue OCTOBED O	10031 28,		
Attending Med. Director Phys. 23B, DATE, SIGNED 23G, PHYSICIAN'S NAME (Type) 23D, ADDRESS BALTIMORE MD 21229 S CHITTCHANG M.D. DEGREE ST AGNES HOSPITAL WILKENS & CATON AVE ABURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) Company			- 1	,	at Inkmy) (aur) apl	nian death accurred an the dat
Attending Med. Director Stoff Moderate Stoff Med. Director Directo	and haur and	fram the causes stated a	bave. (1) (We) (did) (XiX XXX)	view the bady after death.		
DEGREE Phys. Director	23A. SIGNATUR	H.0	4			23B, DATE, SIGNED
23D. ADDRESS BALTIMORE MD 21229 S CHITTCHANG M.D. DEGREE ST AGNES HOSPITAL WILKENS & CATON AVE A. BURIAL CREMATION, 24R. DATE PREMOVAL (Spacify) 10-12-70 Colling Store 23D. ADDRESS BALTIMORE MD 21229 ST AGNES HOSPITAL WILKENS & CATON AVE 24C. NAME of CEMETERY OF CREMATORY 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Iown, or county) A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	13-4	ull ihang		ending Med. Director	Staff Phys.	10/9/70
S CHITTCHANG M.D. DEGREE ST AGNES HOSPITAL WILKENS & CATON AVE A. BURIAL CREMATION, 24R. DATE REMOVAL (Spacify) 10-12-70 Solution 10-12-70 Solution 24C. NAME of CEMETERY OF CREMATORY 10-12-70 Solution 10-12-70 Solution 25C. FUNERAL DIRECTOR ADDRESS APDRESS	23C. PHYSICIAN NAME (Ty	Pe)				IMORE MD 21229
ABURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) BULLIAN (Spacify) 10-12-70 Selferm Value of Comments of Comment			M.D.	ST AGNES HOSE		
Exercity 10-12-70 Ostleman National Come Saltina Ind. A DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	A. BURIAL CREN	ATION, 248, DATE				
A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	1			7-00	Soll.	- ml
ADDRESS OF THE PROPERTY OF THE	A DATE REC'D		- The same	125C SUNETAL DIRECTOR	Racey	ne of.
TABLE I IN THERE SHADE OF THE WINDOWS AND THE TABLE SALES SHADE AND LOOKED AND LOOKED AND ASSOCIATION OF THE	DOTTE	ACCORD () 4	0 0 00 00 0	25C. FUNERAL DIRECTOR		ADDRESS 1
150-REV. 1/1/68	HHI II		arassi Lea	Truscell doll	vanaug	-Treasucky Am

The first of the f an Hyara & Alafalla, guerra a george en la per-

BALTIMORE	CITY HEALTH DEPARTMENT
0-500 70 10096 CERTIFIC	CATE OF DEATH V REG. NO. 70 10096
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
CTYPE OF PRINT , MSQ.R. J. AMBROSE	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, Il institution; residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY MARYIAND DUBLES G. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
BON SECOURS HOSPITAL	E. STREET AND NUMBER
_34	STELLA MARIS HOSPICE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs.
MALE WHITE WIDOWED DIVORCED	11/2/5/'97 78 ! ! !
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PRIEST Disc. of Balto	MARYIAND U.S.
	A4 (12 4 4
John Quinn	Mary Walsh
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.	
UNKNOWN 220-44-367	O Lawyer Mr. James W. Leyko St. Paul & Lex.
18./// CAUSE OF DE	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	no pericardi un
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. If means the disease,	AS A CONSEQUENCE OF:
injury of camplication which coused deoth.)	
ANTECEDENT CAUSES Cui	Ferier HT 2 week
DISEASES OR CONDITIONS, il any, giving DUE TO, OR	AS A CONSEQUENCE OF
rise to the above cause (A) stoting the UNDERLYING CONDITION last.	el. L' corney along 2 mus
- 1	. , , , , , , , , , , , , , , , , , , ,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	sated duodernol what day
DISEASE OR CONDITION GIVEN IN PART ([A].	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION WAS PERFORMED 21A. A CIDENT WAS UNDERLYING TO THE PLACE OF INJURY (A)	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
SC ()	1 101
The state of the s	g, in or obout 21C. WHERE DID (II in Boltimore City, give exoct location), office bldg, INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not V	While —
Work LJ Al W	
22. I certify that (I) (this hospital) attended the deceased fram	9/24 19/10 to 10/10 19/70
that (1) (we) last saw the deceased alive an 10 / 10	19and that In(my) (aur) apinian death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (did nat	t) view the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
//	Attending Med. Stoff Stoff
23C. PHYSICIAN'S	Phys. Director Phys. A 10-70
NAME (Type)	0.00
JANTRA VORARAKSA DEGI	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	to the state of th
Burial 10/14/70 St. Mary's Ce	metery Baltimore, "aryland
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
OCT 15 1970 Robert & Jailer 1 20 0	1 John a. Bonan, Inc. 3000 E. Baltimore St.
VS 150-REV. 1/1/68	The state of the s



24C. NAME of CEMETERY or CREMATORY

Cedar Hill Cemetery

25B. NAME OF REGISTRAR

24D, LOCATION

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

Ritchie Hwy, Balto. Co., Md.

Howard H. Hubbard, 4107 Wilkens Ave. 21229

(Stote)

NAME (Type)

24A. BURIAL CREMATION,

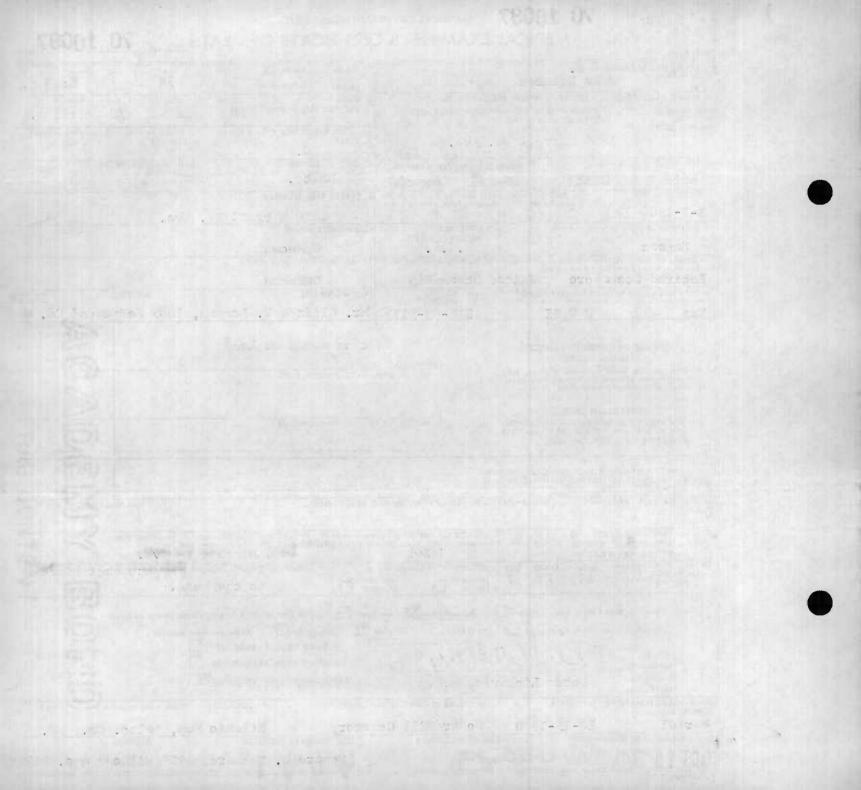
25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

VS 151-REV, 3/1/68

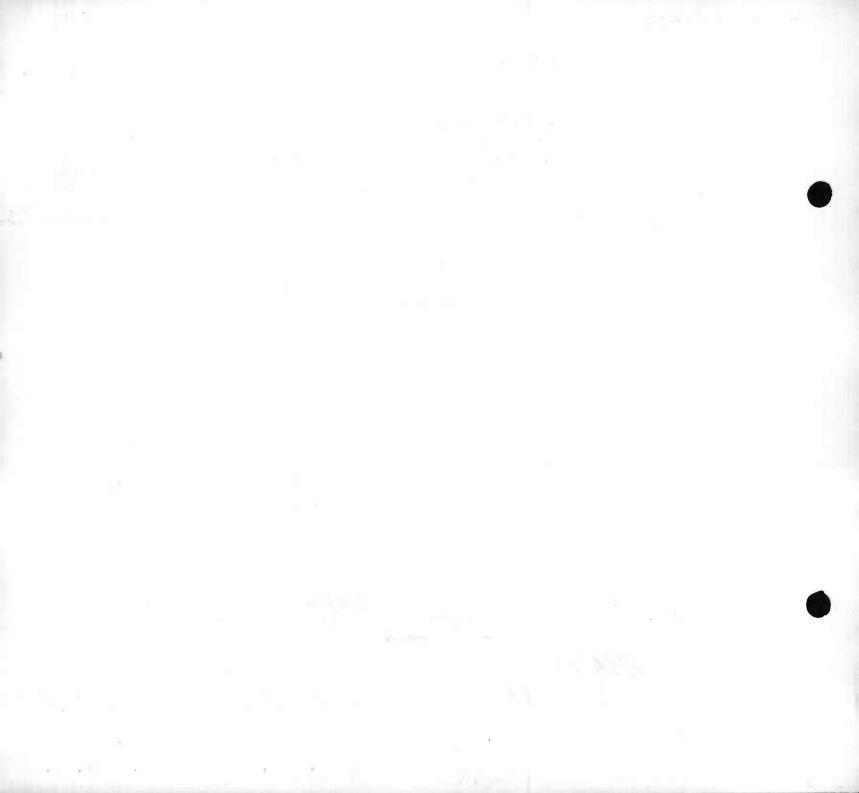
24B. DATE

10-15-1970

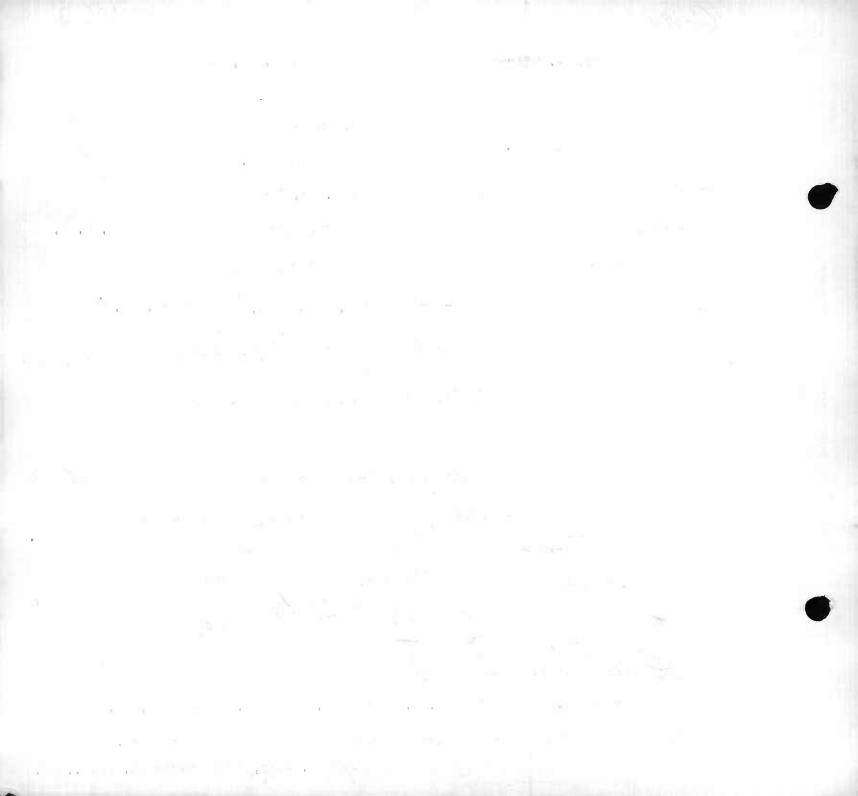


T-5-21/	BALTIMORE CITY	HEALTH DEPARTMEN	Г	20 40000
BIRTH NO. 70 10098	CERTIFICA	TE OF DEATH	REG. NO	70 10098
1. NAME OF DECEASED (Type or Print) TINSLEY, ALFI	RED	2, DATI	AND HOUR OF DEATH	0 1 12/5
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	Hartor	da 62-00
margland General	Hackital	Belair	O. INSI	YES NOTE
48	Nespiral	E. STREET AND NUMBE	Box 104	
WIDOWED T	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		II Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLA CE (Stota or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Painter constr	uction	Virgin	1a	USA
Charles Tinsles	1.	14. MOTHER'S MAIDEN	Stewa	ext
15. Was Deceased Ever in U. S. Armed Farcas? (Yes, no or unknown) (If yes, give war at dales at service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	25-05-8559	WITE		Samp
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		Lung Defeces	APPROXIMATE INTERVAL
LEADING TO DEATH	(A) IMMEDIATE CAU		at out a vet	on bours
heart failure, osihenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS	CONSEQUENCE OF:	Joseph	C2C
ANTECEDENT CAUSES	Total	stitial but	f.	1 2
DISEASES OR CONDITIONS, if one giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	noxary 111	rosis Ogrs-
risa to the above cause (A) stating the UNDERLYING CONDITION last.	(c) A~0	emplacon	na	
II			***************************************	***********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Right	rent Didore	£	
19A-DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218 PLA	CE OF INJURY (e.g., in m, factory, streat, affi	or about 21 C. WHERE DIE	(If In Boltinore	City, give exact location)
	URY OCCURRED	21F. HOW DID	NIUN OCCUM	
(APPROX.) While A	Not While			
22. I certify that (i) (this haspital) attended the de		October	19 69 to	10/11 1970
that (I) (we) lost saw the deceased office on	10/11			ion death accurred on the date
and hour and fram the causes stated above. (1) (W.	e) (did) (did nat) vi	ew the body ofter deat	h.	The second secon
Sansignature R. Row	18 MD, Atten	ding Med.	Staff Phys.	23B, DATE SIGNED
230 PHYSICIAN'S NAME (Type)	22	D. ADDRESS	rhys. \square	1 < +
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CREA	AATORY 24Da	v. read	0/.
Crematica Oct. 12,1970 Loudo	n Park Crema		Baltimore (City	, town, or county) (State)
OCT 15 1910 Tober E. Valley 3.2	GISTRAR	25C. FUNERAL DIRECT		ADDRESS
VS 150-REV. 1/1/68	70 8 0	Howard K. Me	Comas & Son,	Abingdon, Md.





G-460 BIRTH NO.	70 1	10100		HEALTH DEPAR		REG. NO	70	10100	
I. NAME OF DECEA						HOUR OF DEATH	1		
3. PLACE IN BALTI	MORE MARYLAND, W	-W	DUNCED DEAD			eceased lived. If i		residence before	A ndmission
FULL NAME OF		AL OR INSTIT	TUTION, GIVE STREET	Marylan	nd			1-01	55,1110
изптипои				Baltimo	n re	D. IN:	SIDE CITY L		
00	3112 Dillor	st.		E. STREET AND 3112 Di			163] NO []	
Female	White	WIDOWED		Sept. 11	, 1883 lost	AGE (In years birthday) 87	If Under	er 1 Yr. If Und Doys Haurs	er 24 Hrs. Min.
OA. USUAL OCCUP. lone during mast of wo Housewife	ATION (Give kind of work rking life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	Pennsylv		country)	12 . CIT	U. S. A	
3. FATHER'S NAME				14. MOTHER'S M					
	Malloy			Bı	ridgit 1	7			
5. Was Deceased Ex res,no or unknown) (III	rer in U.S. Armed Ford yes, give war or date:	es? s of service)	16. SOCIAL SECURITY NO. 164-16-9609D	Mrs. Mary	Daughte:	r) 3112 D: Baltimo:	illon re, Mo	APORESS St. 21224	
(This does not heart failure, as injury or compli	OR CONDITION DIR ADING TO DEATH mean the mode of thenia, etc. It means cotion which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	dying, e.g., the disease, death.)	DUE TO, OR AS (B) DUE TO, OR AS	A CONSEQUENCE	V. Dis	lasl		9 :2	1970
TO THE DEATH E	ANT CONDITIONS CON BUT NOT RELATED TO TH IDITION GIVEN IN PART PERATION 1798 CONT	1 (A).	Hyposto	P. P	neum	nua		Oct My	70
19A-DATE OF O	WAS PERF	ORMED 2	OCC.	No	202 IN	CERTIFYING CA	USES OF	DEATH?	
J 21 A. A CCIDENT	WAS UNDERLYING DE CAUSE OF Edicol examined	218 hometc.	PLACE OF INJURY (e.g., in	ice bldg. INJURY	ERE DID DCCUR?		re City, giv	re exact location)	
	Manthi (Doy) (Yearl		INJURY OCCURRED	21 F. HOV	Y DID INJURY	OCCUR!		<u> </u>	-
22. I certify the	at (1) (this haspital)			521	10 19	to (C	of	12 10	70
	st saw the deceased			19.70	67	n (pr) (our) apl			
	am the causes state	ed abave. (1) (did) (did ot) v	ew the bady aft	er death.	146			
23A. SIGNATURE	ascher	ar us	AHer	iding Med	Staff	[.]		13/70	
PHYSICIAM'S	mmanuel A. S	chimune	ek M. D.	3D. ADDRESS 842 S. E	ast Ave.		ore. M	ſd.	
AA. BURIAL CREMA REMOVAL (Spe- Burial	10/16/1	30	AME of CEMETERY of CRE	MATORY	24D. LOCA	TION (C	ity, town, o		(Stotel
OCT 15 1	HEALTH DEPT.		OF REGISTRAR	ohn J.	Dude,	2829 Huds		ADDRESS	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

9 511	1		BALTIMORE CITY	HEALTH DEPARTMENT	11	70 10101	2
BIRTH NO.		10101	CERTIFICA	TE OF DEATH	REG. NO	VO TOTOT	<u> </u>
1, NAME OF DECE	ASED			2. DATE A	ND HOUR OF DEATH	112	/
	homas T	R C.	JMOUL	-17	0-10-70	1 100/	P
	MORE MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before	admission)
				A. STATE B. COU	NTY (11)	All Cr	
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	RT. 4	BOX DAS	- 0 56-	00
HOSPITAL OR	ADDRESS OR TOC	AIIONI		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
				Wesimins	Te la	YES NO X	1
77	Mercy			E, STREET AND NUMBER			,
3/	. ,			md.	# 2115	7	
5. SEX	6. RACE	7		8. DATE OF BIRTH		/	
		MARKIED L	NEVER MARRIED		9. AGE (In years last birthday)	Months Doys Hours	der 24 Hrs. Min.
m	ω	WIDOWED	DIVORCED	3-14-40	30		
IOA. USUAL OCCU	PATION (Give kind of wor	1 108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or los	eign country)	12 CITIZEN OF WHAT	COUNTRY
11	orking life, even il retired)	HAD BEE	NEMPLOYED BY				
Unemy		BENDI	X. CORP.	Virgini	R	U.S.A	L
3. FATHER'S NAM	E '			14. MOTHER'S MAIDEN NA	ME		
James	2 0	1		81:2 1	-1 01		
5. Was Deceased I	ver in U. S. Armed Fo	ymour	1 6. SOCIAL	E1,3 a64	1h Chi	1851	
(Yes, na or unknown)	If yes, give war at dat	es of servicel	SECURITY NO.	17. INFORMANT		ADDRESS	111-00-0
ES	1959-19		214-36-8176	mo 2/13abe	the a crita	NESTMIN	SIER
18, 19 1	1	-/	CAUSE OF DEATI		CIL C. SEPM	OUR ATHY	MO
1///	X		CAUSE OF DEAT			BETWEEN ONSET	AND DEATH
	OR CONDITION D			- 10	11	- 01	
1	EADING TO DEATH		(A) IMMEDIATE CAU	SE Pheurahus	tops.	SIK	جي ج
heart failure a	l mean the mode of sthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	********************		
injury ar camp	lication which caused	death.)			_	0	
Δ1	NTECEDENT CAUSES		Cata	ncoxa. II	(0) m	+11-bc 2.	20
			(B)	10 mg II	Later	Jupe -	
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	4		
	above cause (A)	slating the	(c)				
CHICARATINO	CONDITION (USE		(c)	******************************			
z	. 11						
OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING					
▼ IDISEASE OR CO	NDITION GIVEN IN PAI	RT 1 (A).	***************************************		***************************************		******
19A-DATE OF	PERATION 198 CON	VIDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE F	INDINGS CONSIDERED	
19A-DATE OF C	WAS PER	CLOKWED			IN CERTIFYING CAL	JSES OF DEATH?	
U 21A. ACCIDENT	WAS UNDERLYING	218.	LACE OF INJURY (e.m. Is	or obout 21 C. WHERE DID	(If In Rollinse	City, give exact location)	
OR CONTRIBUT	WAS UNDERLYING	home	form, factory, street, of	ce bldg., INJURY OCCUR?	ht iti polimate	- mix' fine exect to collou)	
U	nedicol exominen	etc.)					
WIGE INITION	Month) (Doy) (Year)	(Hour) 21 E 1	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
OF INJURY		While	At Mot While				
1000		Wark	At Work			/	-
22. I certify t	hat (1) (this hospita	Dattended the	deceased from	8/12	19 7 () to	10/10 1	9.70
	ast saw the decease		10/10	19 70 and t			/ management
<u> </u>						ilon death occurred a	n the date
		ted above. (1)	(We) (did) (did nat) v	iew the body after death.			
23A. SIGNATUR		31				23 B. DATE SIGNED	
468	DK-20	WASA	MAD Atte	nding Med.	Staff Phys.	10/10/20	
23C. PHYSICIAN			VV DEGREE Phys		Phys. LLP	10/10/10	
23C. PHYSICIAN NAME (Typ	el C) Cr.	1	3D. ADDRESS	700	Col-	4. 0
	tpen F	<. Tel	NEN MD.	Mercey H	espiral E	3 somethad	MA
4A. BURIAL CREM	ATION, 248, DATE	24C. NA	ME al CEMETERY of CRE	A .	OCATION (Cit	i dania an assista	151-1-1
REMOVAL (Sp	ecify)	100 17	TIPENC (II-			y, town, or county)	(Stote)
BURIAL	10/14/	10 LE	WITES (th)	It IERY W	ESTMINSTER	RT#4 1	MA
25A. DATE REC'D	Y HEALTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	150
OCT 1 K	1070 0.00	E. Farber		0 8 8	Ju. 11.	4 7 2	/
94119	MIN ARDERS	المراهد	150,	1 2 1/10	way No	minule, M	1.
/S 150-REV. 1/1/68				7	0		



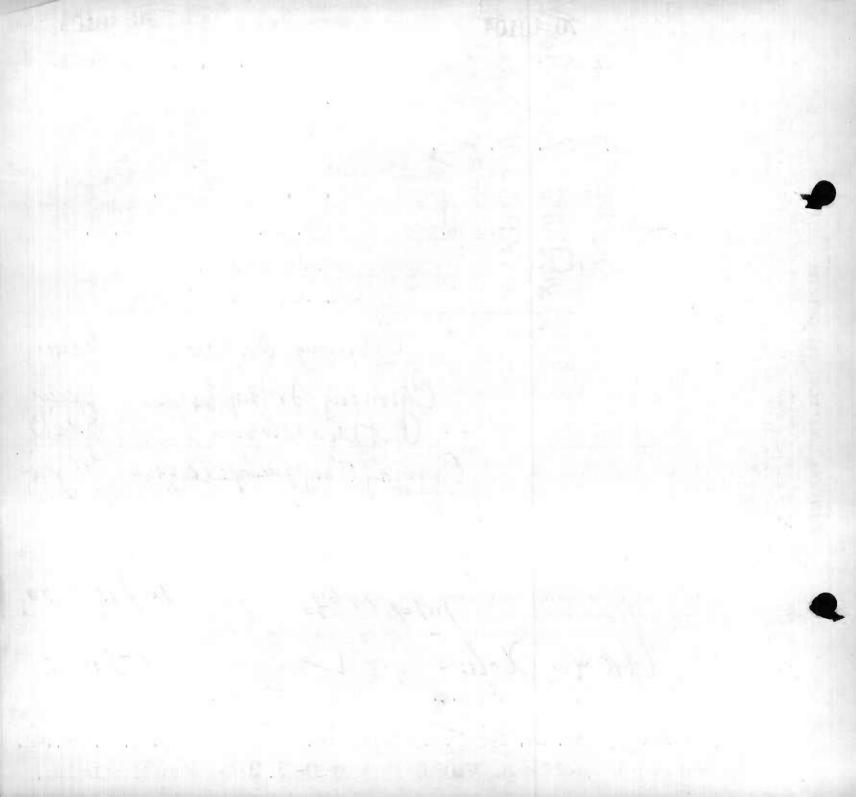
FUNERAL DIRECTOR: IMPORTANT

Mulm		BALTIMORE CITY	HEALTH DEPARTMENT	V -	10 10100
BIRTH NO.	70 1010	2 CERTIFICA	TE OF DEATH	REG. NO.	/0_10102
(Type or Print)	MAHLE	-Y, MARG.	ARET 2 DATE AN	HOUR OF DEATH	MI 1m-9-70.
3. PLACE IN BALTI	MORE, MARYLAND, WHERE P	RONOUN CED DEAD		e deceased lived. If institu	ution: residence below odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland I	larford	CITY LIMITS?
	niversity	OL MD HOSD	Edgewood		ES NO X
32			E. STREET AND NUMBER		
5. SEX [6	5. RACE 7. 84 A		8. DATE OF BIRTH		
F	W WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	6-28-13	ost birthdoyl	I Under 1 Yr. If Under 24 Hrs.
IOA, USUAL OCCUI	PATION (Give kind of work 10 B, Kill orking life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or forei	gn country)	2. CITIZEN OF WHAT COUNTRY
Housew		Home	Kentuc	Kn	USA
3. FATHER'S NAM	ERNEST	THOMAS	14. MOTHER'S MAIDEN NAM		herine
5. Was Deceased ! Yes, no or unknown) (ver in U. S. Armed Forces? If yes, give war or dotes of ser	vice) 1 6. SOCIAL	17. INFORMANT	. /	ADDRESS
160		402-24-0689	Albert Mai	hlen- ZI	17 Trimble Rd.
18. 4/10	0.917-25	CAUSE OF DEATH	1	/	APPROXIMATE INTERVAL
	OR CONDITION DIRECTLY	' /	11 + 1	r1.1+	BETWEEN ONSET AND DEATH
	I meon the made of dying,	e.g., (A) IMMEDIATE CAU	SE // EM/Y/CU/A	8 tibrilalio	W -
	sthenia, etc. It means the dis lication which caused death.)	ease,	CONSEQUENCE OF:		
	NTECEDENT CAUSES	mira	cordial 1	achomia	Chronicka
	CONDITIONS, if ony,		A CONSEQUENCE OF:	SCIPERTICA	
	abave cause IA) stating CONDITION last.	the (c) Hem	porchaoic	Shock	84
	11	, ,	. 5	luesculer dis	404
TO THE DEATH	ANT CONDITIONS CONTRIBUTED TO THE TERM NOT RELATED TO THE TERM NDITION GIVEN IN PART 1 (A).		OSCIETOTIC C	2000	Several Fears
19A. DATE OF C	None 198 CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OP CONTRIBUTE	WAS UNDERLYING ING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore C	ify, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.)		While At Not While			
22. Learnify at	hot (1) (this hospital) atten	Work At Work	Det 1 10	2 70 to 0	OCT 9 1970
	ost saw the deceased alive		***************************************		n deoth occurred on the dot
		ve. (1) (We) (dld) (did not) v	aw the hady often death	in(my) (dor) opinidi	n death occurred on the date
23A. SIGNATUR		(1) (10) (010) (010 1101) (ew the body offer deoffi.	23	B, DATE SIGNED
	OTlino for	S / Dhim	nding Med.	Staff Dhys.	Oct-9-70
23C. PHYSICIAN NAME (Typ	'S el		3D. ADDRESS	/	
4A. BURIAL CREM	OUSTAVO F.	DEGREE	MATORY 24D. LO	CATION (City, 1	ann as assettid
REMOVAL (Sp.					own, or county) (Stole)
Removal-Bu	X-MEALTH DEST DER NA	Oddfellows Ceme	tery Morg	anfield,	Kentucky
UCT 15 19	1 Vaber E. Vail	44,0000	1010 0 0		neral 1888
/\$ 150_PEV 1/1/68		and the same of th	WINGER DIES	Della AJ ADO	erdeen, Md. 2100

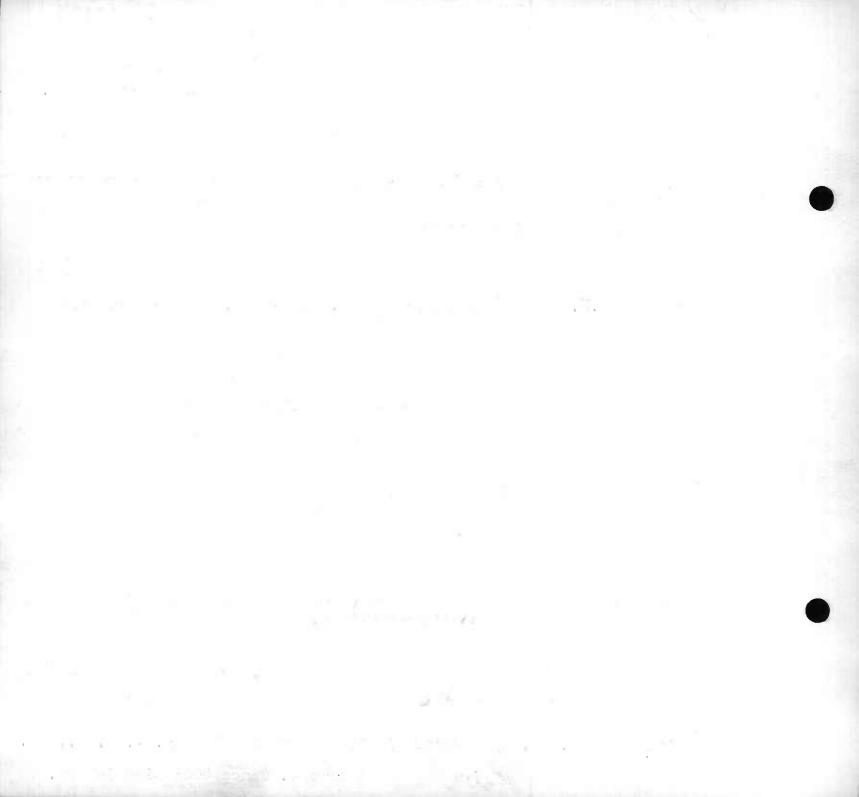
With Trasports D. Friends . The STANFORM TO STANFORM THE SECOND

Robert E.

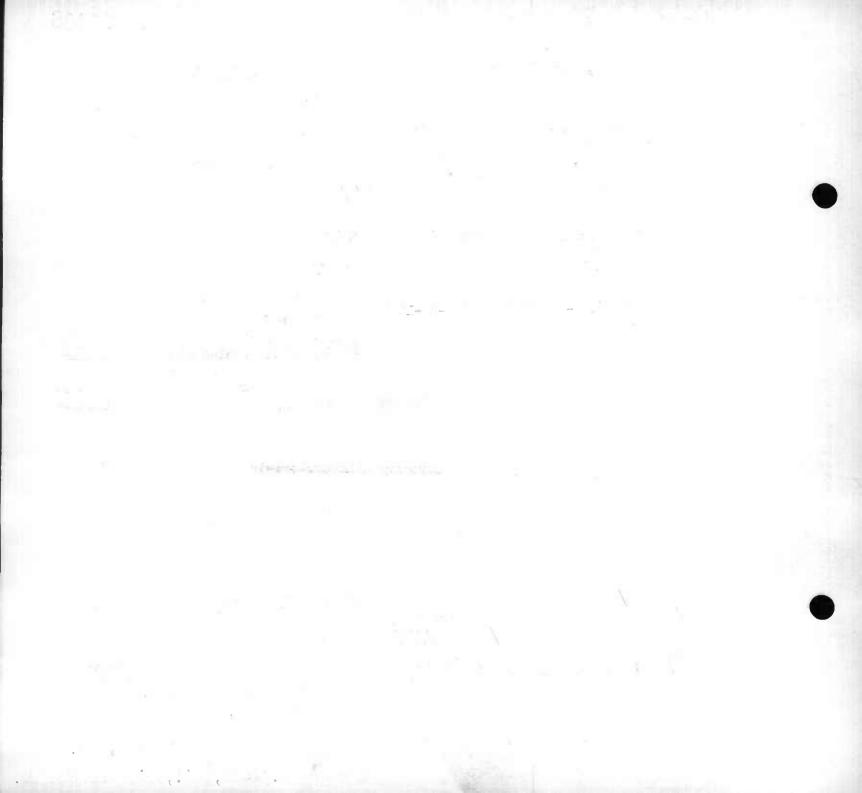
e 11	1		BALTIMORE CITY	HEALTH DEPARTMENT
5-26	70 :	10104	CERTIFICA	TE OF DEATH REG. NO. 70 10104
NAME OF DE				2. DATE AND HOUR OF DEATH
Type or Print)		NDREW	SYKORA	Oct. 11, 1970 1 4:30 A
3. PLACE IN BA	ALTIMORE, MARYLAND, V			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissi
		THERE TROTTED		A. STATE B. COUNTY
FULL NAME O	F (IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Md. 25-05
INSTITUTION	ADDRESS OR LOC	A IION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?
1-				Baltimore YES NO NO
43	So. Balto.	Gen. I	Hosp.	E. STREET AND NUMBER
7				1626 Benhill Ave.
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months Doys Hours Mir
Male	White	WIDOWED	DIVORCED	Nov. 14, 1906 63 grs.
	CUPATION (Give kind of wor	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
La bor	of working life, even if retired)	Paper	Co	Polto Md
13. FATHER'S N.		raber	00.	Balto. Md. U. S.
	nn Sykora			Antonia Paluska
Yes, no or unknow	ed Ever in U. S. Armed Fo wn) (If yes, give wor or dot	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT . ADDRESS
				Mrs. Mary Sykora Same
UNDERLYIN O OTHER SIGN	the abave cause (A) NG CONDITION last. II IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	ONTRIBUTING THE TERMINAL RT 1 (A).	(c) (la	a Christphiney clengua 4 yell
DISEASE OR 19A. DATE O	OF OPERATION 19B. COI	NDITION FOR W	HICH OPERATION	NO
OR CONTRI	DENT WAS UNDERLYING [BUTING CAUSE OF ify medical examiner)		PLACE OF INJURY (e.g., e, form, foctory, street, o	n or obout 21C. WHERE DID (If in Boltimore City, give exoct location) ffice bldg, INJURY OCCUR?
D 21D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY			e At Not Whi	
		Work		
	fy that (1) (this haspita		e deceased from	1969 19 to 10/1/ 190
that (I) (we	e) fost sow the deceas	ed olive on	1014	19.70 ond that in (my) (aur) opinion death accurred an the
and haur a	ind from the causes sto	ited above. (1)	(We) (did) (did nat)	riew the bady after death.
23A, SIGNA	YURE IN AL	1		23B. DATE SIGNED
	11864	101	DEGREE Phy	s. Director Phys. D
23C. PHYSIC	IAN'S	10-01	DEOKEE	23D. ADDRESS
NAME	(Type) Walter	Kohn	M.D.	6 Swan Hill Drive
AA RIIDIAL CI	REMATION, 24B. DATE		DEGREE ME of CEMETERY OF CR	
REMOVAL		24C. NA	INIE OF CENTELEKT OF CK	EMATORY 24D. LOCATION (City, town, or county) (State
Burial	L Oct. 3	4, 1970	Holy Cro	ss Cem. Ritchie Hwy. A. A. Co. Mc
SA DATE DEC	D BY HEALTH DEST	DER NIAME OF	E DECISTRAD	ADDRESS



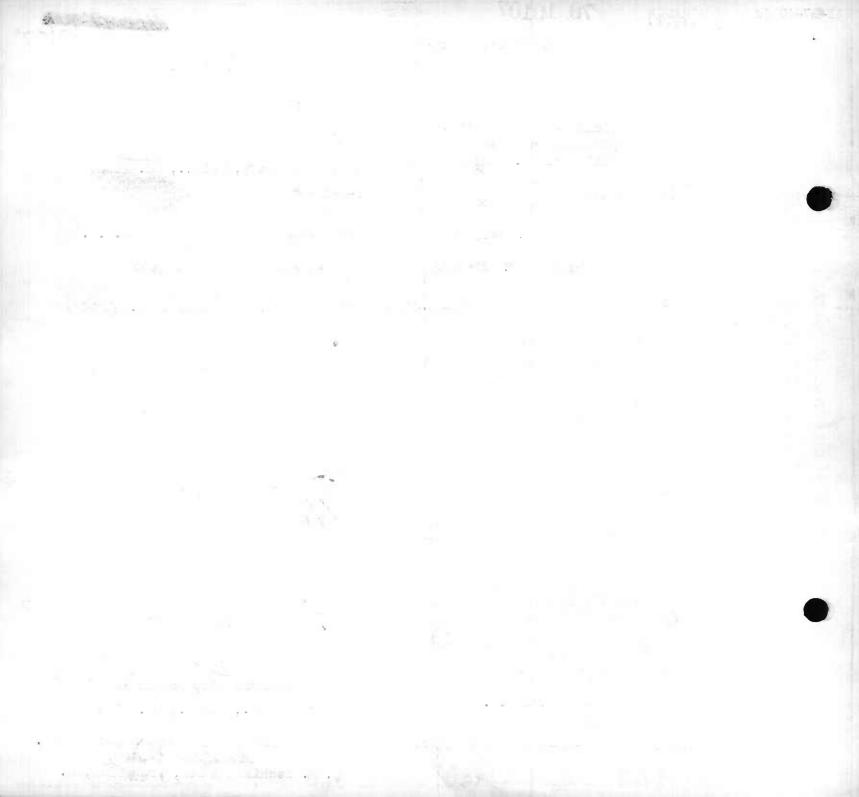
VS 150-REV. 1/1/68



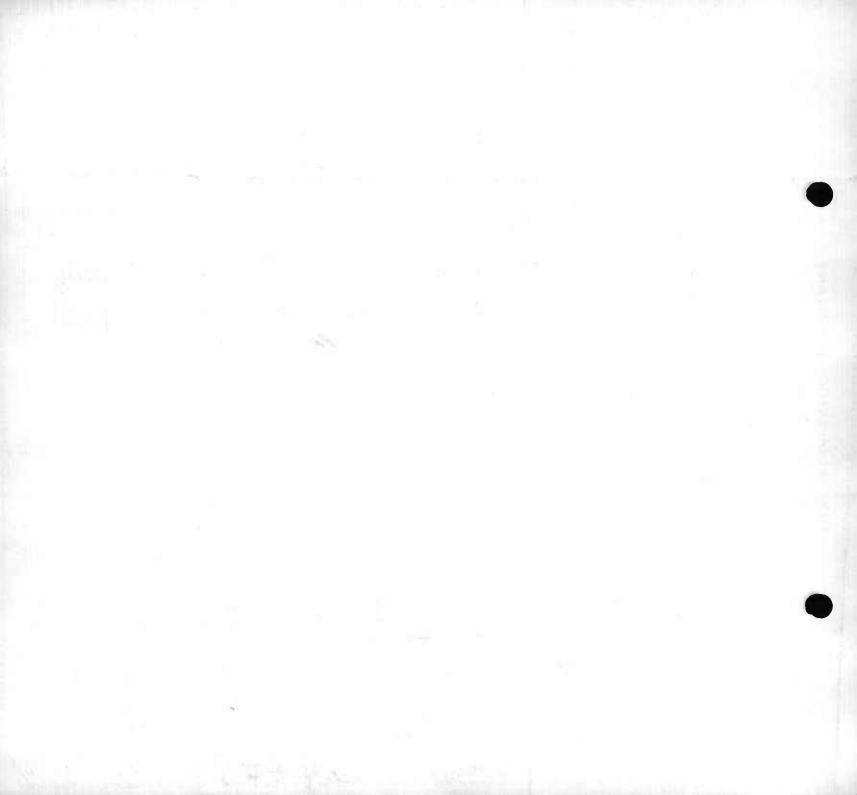
N	1-626	70 101	.06	BALTIMORE CITY CERTIFICA			REG. NO.	70	10106
	H NO.	(Gaetan	1	CERTIFICA	IL OI L				٨
	e or Print)	•	- /				ID HOUR OF DEA		
3. P	LACE IN BALTIMORE	LI. Gus Ald	PRONOU	NCED DEAD	4. USUAL RE	IDENCE (When	10/12/70	institution: r	esidence before odmissic
FUL	L NAME OF (IF)	NOT IN HOSPITAL O	R INSTITU		Mar Mar	yland	TY		12-02
NS	NOTUTO			on Hospital	C. CITY OR TO		D. 11	NSIDE CITY L	
_		Loch Raven			E. STREET AN	timore		YES X	NO 🗌
メ		more, Mary					Paul Stree	t	
. SE		7. A	ARRIED	NEVER MARRIED	8. DATE OF 81		9. AGE (In years lost birthday)	If Unde	r 1 Yr. If Under 24 H Doys Hours Min.
			DOWED		3/9/02		68		
OA.	USUAL OCCUPATION during most of working life	Give kind of work 108.	KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLAC	E (Stote or forei	gn country!	12. Сіті	ZEN OF WHAT COUNT
	Engineer	RET	Con	struction	T3-03				
3. F	ATIMEDIC MAAAE		0011	2 OF HIGH FOIL	Italy	MAIDEN NAM	ME		SA
R	lalph Marcare	assaele)			Ralpi		Jnknown		
es,	vas Deceased Ever in L no or unknown) (If yes, y Yes	J. S. Armed Forces? give war ar dotes of	service)	6. SOCIAL SECURITY NO.	17. INFORMAN	T	l Records		ADDRESS
	10/23	L/28 - 10/1	7/30	578-16-2334			Maryland	27 27 B	
1	18. 151,9	1		CAUSE OF DEAT		,	, , , , , , , , , , , , , , , , , , ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		ONDITION DIRECT	LY		Recur	ent car	cinoma of		2 35 urs
		G TO DEATH					carcinomat	osis	L day
- [1	(This does nat mean heart foilure, osthenia,	elc. It means the	disease,	DUE TO, OR AS	A CONSEQUENC	E OF:	9.5	TO LIE	rt
1	injury or camplication	which caused dea	h.)			*	10 mg		-5-days-
	ANTECED	ENT CAUSES		(B)		-t mar legge			5 0200
- 1	DISEASES OR CONTISE TO THE GROWN UNDERLYING CONDI	cause (A) stal		DUE TO, OR AS	A CONSEQUEN	CE OF:	-1		
-		11		(0/					
NOIL	OTHER SIGNIFICANT CO	TRELATED TO THE TE	RMINAL	Coronary	Atheros	clerosi	S		?
	DISEASE OR CONDITION 9 A. DATE OF OPERATION		N FOR W	HICH OPERATION		SY? (Yes or No	208. IF YES, WEI	E FINDINGS CAUSES OF	CONSIDERED DEATH?
4	PIA. ACCIDENT WAS DE CONTRIBUTING	UNDERLYING CAUSE OF	21B. P home, etc.)	LACE OF INJURY (e.g., in form; foctory, street, of	y FA	VHERE DID	(il in Baltin	nare City, giv	e exoct locotion)
5 2	21 D. TIME (Month)	(Doy) (Yeor) (He	un) 21 E. 1	NJURY OCCURRED	21F- F	ILNI DID WOI	URY OCCUR?		
3	OF INJURY APPROXI		While Wark	At Mot While					
2	2. 1 certify that (1)	(this haspital) att	ended the	deceased fram	October	8th 1	9 70 ta C)ctchem	10+h 19 70
1	hat (1) (we) last sav	the deceased al	ve an	October 12	th_19	20 and the	at in (my) (aur) o	pinian dea	th occurred on the de
		e causes stated	bave. (1)	(Me) (q1q) (q1q/ 464) ~					
2	3A. SIONATURE	n. 6	,	Sull				238, DAT	TE SIGNED
-	M WY	unx XIII	uli	DEGREE Phys	. ' 📖 🔟	Ned.	Staff Phys.	10	/13/70
1	NAME (Type)	0/			3D. ADDRESS	3900 L	och Raven	Boulev	ard
				DEGREE					
4A.	BURIAL CREMATION, REMOVAL (Specify)	248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LC	ore Mary	City, town, o	or county) (Stolel
	Burial	10-16-70	Calv	ary Cemet	eru	TATO	ct Canal	ah a al-	D.
5A.	DATE REC'D BY HEAL		NAME OF	REGISTRAR		AL DIRECTOR	st Consh	THOCKE	ADDRESS
n	CT 1 5 1070	PoBel E 30	.a. x	0 0 0	Leona	129 G	Balto.	, Md	Harford F
\$ 1	50-REV. 1/1/68	And And And	-		Theorie	EU U V	auch IIIC	بالزروء	v uarrord i



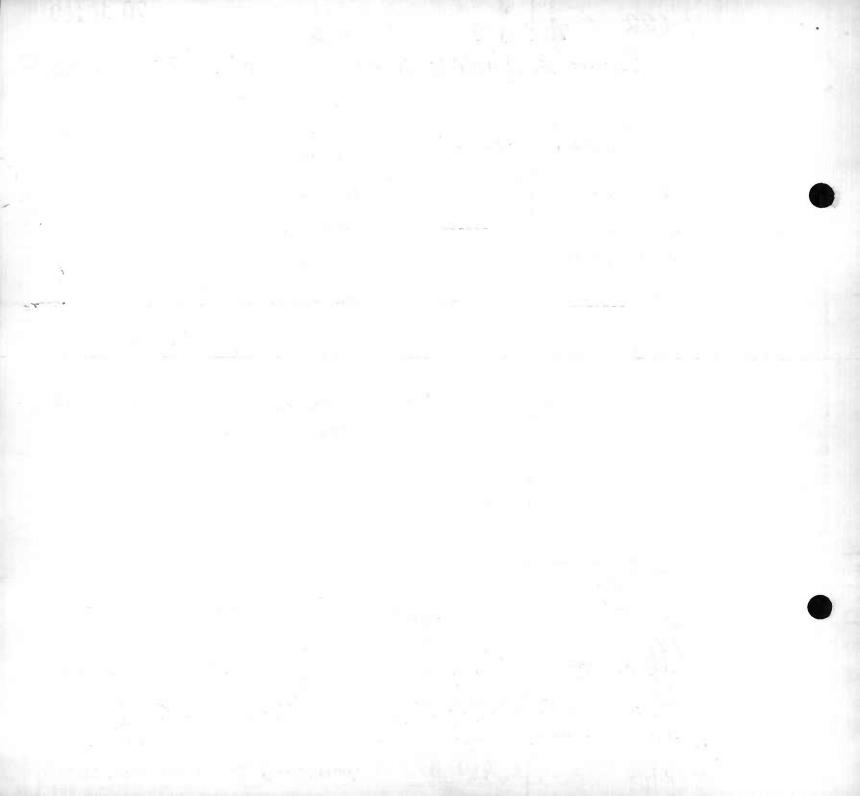
0-6	20 10 11	0	Y HEALTH DEPARTMENT	REG. NO.				
	OF DECEASED	her Irene Dorsey		AND HOUR OF DEATH	10 10107			
(Type or P	DOVA	ey, Esthe	10/11/70 31/0 Am					
FULL NA HOSPITAL	IN BALTIMORE, MARYLAND, W	(AL OR INSTITUTION, GIVE STREET ATION)	4. USUAL RESIDENCE (WA. STATE B. CON Maryland		istitution: residence before admission) Joe City LIMITS?			
	Baltimore C 4940 Easter	Baltimore YES NO						
3	Baltimore,		E. STREET AND NUMBER		Md. 21224			
5. sex Fema	6. RACE White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	3-1-1892	9. AGE (In years last birthday) 72	Months Doys Hours Min.			
tOA, USUA done during	L OCCUPATION (Give kind of worl g most of working life, even if retired)	108 KIND OF BUSINESS OR INDUSTR		preign country)	12. CITIZEN OF WHAT COUNTRY?			
3. FATHE	R'S NAME	housewife	Maryland		U.S.A.			
	Samuel	T. Abrecht	Bessie		fett			
5. Was D Yes, no or u	eceased Ever in U. S. Armed For unknown) (If yes, give wor or dote	ces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Easte	ern Avenuess			
I	No	212-24-5746	BCH Records	: Baltimore,	Md. 21224			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving is to the abave cause IA) stating the UN DERLYING CONDITION tast. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SOR MULCUL OPERATION.								
							19A. D.	WAS PERI
OR CO	(i) the contract of the contra							
S OF IN	21 D. TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While At Not While At Work At Work							
that (22. I certify that (1) (this hospital) attended the deceased from 9/2/70 1970 to 1970 to 1970. that (1) (we) last saw the deceased alive an 19 70 and that in (our) opinion death occurred on the date and hour and from the causes stated abave. (1) (We) (did (did nat) view the body after death.							
23A. SI	GNATURE William F- HYSICIAM'S AME (Type)	eeler DEGREE Phy	ending Med. Director	Shoff Phys. City Hos	23R DATE SIGNED / 70 pitals			
24A. BURI/	William Fed AL CREMATION, 248, DATE	ler M.D. DEGREE 24C.NAME of CEMETERY of CR			Md . 21224 ly, lown, or county) (Stote)			
Bur	ial 10-15-1	970 Mount Olivet Cem	etery Fr	ederick F	rederick Md.			
OCT 1	E REC'D BY HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTO	ison & Son,	Frederick, Md.			



A 150	q		BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO.	20	10108	CERTIFICA	TE OF DEATH	REG. NO.	70 10108		
I. NAME OF DECE	ASED	-0200			ND HOUR OF DEATH	10100		
(Type or Print)	ARTHUR	Beave	M	(Oca	L 8 1970	055		
3. PLACE IN BALTI	MORE MARYLAND, W			4. USUAL RESIDENCE (Wh	ere deceosed lived. If in	stitution: residence before admission		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTI	ON, GIVE STREET	MARY Land -	Balta	Cs. 53-00		
	Manage	al llac		CATONVINE	D. INSI	DE CITY LIMITS?		
UNIEN	Memoria	1/2/	0,	E. STREET AND NUMBER 12 Seminole Ave.				
S. SEY	5. RACE	7 4442245	4	8. DATE OF BIRTH				
m	Cau	WIDOWED	NEVER MARRIED DIVORCED	9/17/87	9. AGE (in years last birthday)	Months Doys Hours Min.		
OA. USUAL OCCU	PATION (Give kind of work orking life, even it retired)			11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY		
Audi	Tor	Fide.l. Ty	Co. of Mel.	MARYIANI	5	U.S.A		
3. FATHER'S NAM	E	-		14. MOTHER'S MAIDEN NA	ME			
5 Was Deceased	Scence ver in U. S. Armed For		BERUEN SOCIAL	EMMA E	lizabeth	Stebbing		
Yes, no or unknown)	Il yes, give wor at dote	s of service)	SECURITY NO.	IV. INFORMANT		ADDRESS		
NO			15-10-86384	Elsie P. Deau	ENI (ATON	sville Md		
18. 4/	0.91		CAUSE OF DEATH		/ ;	APROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	OR CONDITION DI	RECTLY	SHO	CK- PROB. C.	ARDIOGENIC	DET WEEK ONDEY AND DEATH		
	EADING TO DEATH I mean the mode of	duing an	(A)IMMEDIATE CAU		0			
heart failure, a	sthenia, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	MI.			
	licalian which coused							
A	NTECEDENT CAUSES		(B) UREN	ma-				
	conditions, if above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:				
UNDERLYING	CONDITION last.	siding me	(c)					
	11							
	ANT CONDITIONS CO		nas-a.	and the state of	P			
DISEASE OR COL	BUT NOT RELATED TO THE NOTION GIVEN IN PAR	T 1 (A).	CHOSTRU	cTIVE JAMA	Dee	***************************************		
19A. DATE OF C	PERATION 198. CON WAS PERI	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes of N	o) 208. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?		
OR CONTRIBUTE DEATH (natify n	WAS UNDERLYING DING CAUSE OF	21 B. PL home, etc.)	ACE OF INJURY (e.g., ir form, loctory, street, of	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(II In Boltimare	e City, give exect location)		
21D. TIME (Manth) (Doy) (Year)	(Hour 21E IN	JURY OCCURRED	21F. HOW DID IN.	TURY OCCUR?			
OF INJURY		While	At C Not While					
22 1	402 (-1 - 1 - 1 - 1 - 1	Work	LJ At Work	2/2		10 (9 - 20)		
	nat 💋 (this hospital ast saw the decease		1. 1		19 <u>70</u> ta nat In (ay) (aur) aplin	nion death accurred an the date		
and have and	fram the causes stat	ed above. (1) 4	We) (did) (didinot) vi	ew the bady after death.				
23A. SIGN MUL		7				23B. DATE SIGNED		
Sa	wel Sta	will	MAD DEGREE Phys	Med. Director	Staff Phys.	10/8/70		
23C. PHYSICIAN NAME (Typ	S		DEGNES	3D. ADDRESS	1 1			
	Lavid .	1. Powr	er-M DEGREE		morial 6	105 pital		
REMOVAL (Sp.	ATION, 24B. DATE	24C. NAM	E of CEMETERY OF CRE			y, town, or county) (State)		
Burea	10-12-1		rewell (e	metry for	of Wepose	T, (ecc), 114.		
OCT 151		258, NAME OF		25C. FUNERAL DIRECTO	111	O ADDRESS		
/S 150-PEV- 1/1/68	MAR Amount C	A SAME A		All / Che / Con	Selson Kin	y le brigoelle, My		



	M-66	22 70	1010		Y HEALTH DEPARTMEN		70 10109
1.	NAME OF DE	SAWAH B	= CM	1.0 1		E AND HOUR OF PEAT	1 / 1500
3.	PLACE IN BA	LITIMORE MARYLAND, V	VHERE PRONO		4 USUAL RESIDENCE	Where deceased lived, It	institution: residence before admission)
FI	ULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET		Baltimore	ISIDE CITY LIMITS?
	42	SINAI	Ho	SP	Randallstown	n. ER	YES NOXXX
5,	SEX	6. RACE	17	V	9033 Liberty		
	Female	Cauc	* MARRIED WIDOWED		8. DATE OF BIRTH 190 2/14/Approx	lost birthdoyl	If Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
do	A. USUAL OCC ne during most o House k	CUPATION (Give kind of world f working life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	Baltimore,		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NA	AME			14. MOTHER'S MAIDEN		
		ny Marsiglia			Minnie Lib	perto	
15. (Ye	Was Decease s, na ar unknaw No	d Ever in U. S. Armed Far n) (If yes, give war ar dote	ces? s of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. Sena D.		Stevenswood Road
	18. 4/	2.41		CAUSE OF DEAT	1		APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION DIE	RECTLY		Poller	Ede	BETWEEN ONSET AND DEATH
	neon lonure.	not mean the mode of asthenia, etc. It means application which caused	the disease	DUE TO, OR AS	SE CONSEQUENCE OF:	uan	100125
		ANTECEDENT CAUSES	deom.,	ATERO	SCIERTE	& 1D\$. a	CORT
	DISEASES	OR CONDITIONS, II	ny, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:	Coesco	TORKY TERKS
	UNDERLYIN	e above cause (A) G CONDITION last.	stoling the	(c)	cae be	38436	
ATION	OTHER SIGNII	II FICANT CONDITIONS CON IH BUT NOT RELATED TO TH	VIRIBUTING				
	INIZERZE OK C	ONDITION GIVEN IN PART	(A) (T	HICH OPERATION	I20A AUTOROVA (V	No.	
RTI	0	WAS PERF	ORMED	men orekanon	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
CAL	IOK CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medicol examined	21B, home etc.)	PLACE OF INJURY (e.g., in , farm, factory, street, off	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exact location)
MEDI	21D.TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
		that (1) (this hospital)	Work	At Work			
	that (1) (we)	lost saw the deceased	allve on	10/12	19 70 and	that ly (my) (aur) opl	nion death accurred an the date
	and hour on	from the causes state	ed above. (1)	(We) (did) (did nat) vi	ew the body after deat	h	1 /
	110	in to	n De	Atten	ding Med.	Staff Phys.	23 B. DATE SIGN D 12/70
	23 C PHYSIC A	M'S ype)	F.A) 6		D. ADDRESS	1 1	1
24A	BURIAL CRE	MATION. 248. DATE	24C.NA	ME DI CEMETERY CREA	MATORY 24D.	LOCATION IG	ly, town county) (Stote)
	Burial	10/15/		lawn Cemetery	W	oodlawn, Balt	
01 01	ST15 K	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	13c. FUNERAL DIRECT	OR	ADDRESS ty Road, 21133
VS 1	50-0EV 1/1/	4.0				WE .	



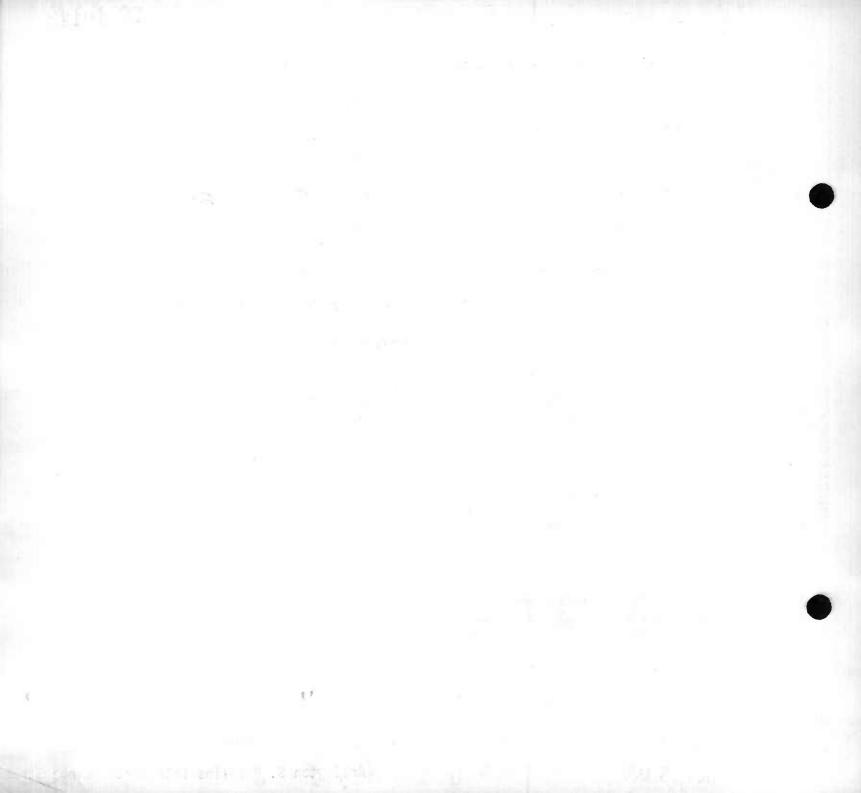
BIRTH NO.	CERTIFICATE OF DEATH REG. NO	
1. NAME OF DECEASED (Type or Prim) Cokie Greenleaf	2. DATE Known	Year Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy PRONOUNCED DEAD 10 9	Yeor Hour 70 10:44 p _M .
State Penitentiary	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE Maryland B, COUNTY	residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
male colored WIDOWED DIVORCED	Seat Pleasant YES	s O NO O
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) 57 Months; Doys; Hours; Min.		
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Charles A Carrolest	2
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	PANIE DOOGHS	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 45 WW 2	18. INFORMANT ADI	DRESS Seat Ids of Phensmath
19.16 2 . 1 I CAUSE OF DEA	Alt .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)IMMEDIATE C	oma of lung with metastases	
heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
CC)		
	AS PERFORMED	21. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB-	in or obout 22C. WHERE DID (II in Boltimore City, give exoct e bldg., etc.)	location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOT AT W	WHILE ORK	
23. I certify that I held on Inquiry Inspection X Au	topsy ond that on this basis, death in my o	
ACTUAL ACTUAL Suicident Suicident Suicident	le Homicide Undetermined manner C	DATE SIGNED
SIGNATUREM.D	ASSOCIATE MEDICAL EXAMINER	DATE SIGNED
NAME (Type) Werner U. Spiltz, M.D. De 24A, DURAL CREMATION, 248. DATE 24C. NAME of CEMETERY	eputy Chief Medical Examiner or CREMATORY 24D, LOCATION (City, town.	10/10/70
REMOVAL (Specify) 10-14-70 Bultimone	1 1 7 11	
OCT 15 1970 Tabes E. Jabes KA	15. WAShington Sens Denne	Ave NE. DG
VS 151-REV. 1/1/68	19 9 9 47/20 98/110	

and the state of t

a hospital and cause of death se; (5) Deceased andance on the to death. Such	
death occurred in t or contributing Undetermined cau as in regular atte deceased prior stiton is made.	
assistant if if the directory kind; (4) ed death work on the dinal disponents	
approved by the chief medical examiner to the hospital by a medical examiners any nature; (2) Body burns; (3) A fractial (except where the physician who proh); and (6) No physician was in regular be obtained before the remains are emba	l
This certificate must be the body was released shows: (1) An accident was D.O.A at a hospite deceased prior to death written approval must	2 2

1 1- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TTY HEALTH DEPARTMENT 70 1011
TH NO. CERTIFIC	CATE OF DEATH REG. NO.
AME OF DECEASED	2. DATE AND HOUR OF DEATH
MASSEY, George T.	October 7, 1970
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceesed lived, II institution; tesidence before odmina, STATE B. COUNTY
LL NAME OF STREET SHITLED OF ADDRESS OR LOCATION). GIVE STREET ADDRESS OR LOCATION)	Maryland /3-0/
Veterans Administration Hospital	D. HADE GIT EMILIS
3900 Loch Raven Boulevard	Baltimore YES NO DE. STREET AND NUMBER
Baltimore, Maryland 21218	820 Lake Drive
6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers If Under 1 Yr., II Under 24 Menths: Doys : Heurs : M
ale White WIDOWED DIVORCED	9/01/07
USUAL OCCUPATION (Give kind of werk 108, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLA CE (State or fereign country) 12. CITIZEN OF WHAT COU
hip Cleaner	707 7
ATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest Massey	
	Mary Cutler
Vas Deceased Ever in U. S. Armed Forces? Ina er unknown) (If yes, give wer ar detes ef service) 16. SOCIAL SECURITY NO.	VA Hospital Records
YES 8/7/42 - 5/24/45 098-22-1730	3900 Loch Raven Blvd., Balto., Md 21218
IB. 411 CAUSE OF DEA	ATH APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND D
LEADING TO DEATH	AUSE Myocardial infarction
heart failure, asthenia, etc. It means the disease.	AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES (c) Arter	iosclerotic cardialvascular disease
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	riosclerotic cardialvascular disease
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) COPONS	ary artery disease
(-),	
THER SIGNIFICANT CONDITIONS CONTRIBUTING Bilate	eral plural effusion
O THE DEATH BUT NOT RELATED TO THE TERMINAL POPIC	arditis
9A. DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Ne) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?
PIA. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, factory, street,	in or about 21 C. WHERE DID III In Rollingra City, also exect less to
DEATH (netify medical exemined) letc.]	office bidg., INJURY OCCUR?
ID-TIME (Month) (Day) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
APPROX.) While At Not While At	hite -
AT WOR	
2. I certify that (1) (this hospital) attended the deceased from	August 11th 19 70 to October 7th 19 7
hat (1) (we) last saw the deceased alive onOctober 7t)	h 19 70 and that in () (our) opinion death accurred on the
and haur and from the causes stated above. (1) (We) (did) (4/d/76/)	view the hody after death.
3A. SIGNATURE	23B DATE SIGNED
illust (area)	Med D Shift D
3C.PHYSICIAN'S NAME (Type)	1000
Kameel Farag, M.D.	Jyou Lock Raven Boulevard
vameer tarac m.n.	
BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CI	total to the state of the state
BURIAL CREMATION, REMOVAL (Specify) 10/14/70 Baltimore Nat.	ional Car D 11:
BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CI	total to the state of the state

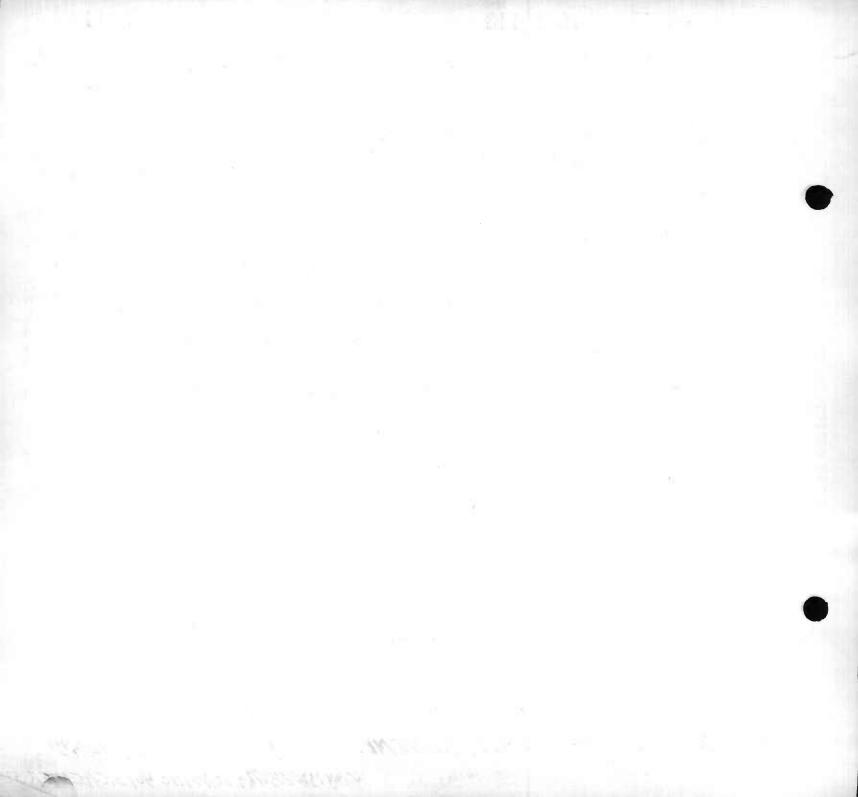
garage and the state of the sta



DIRECTOR:

FUNERAL

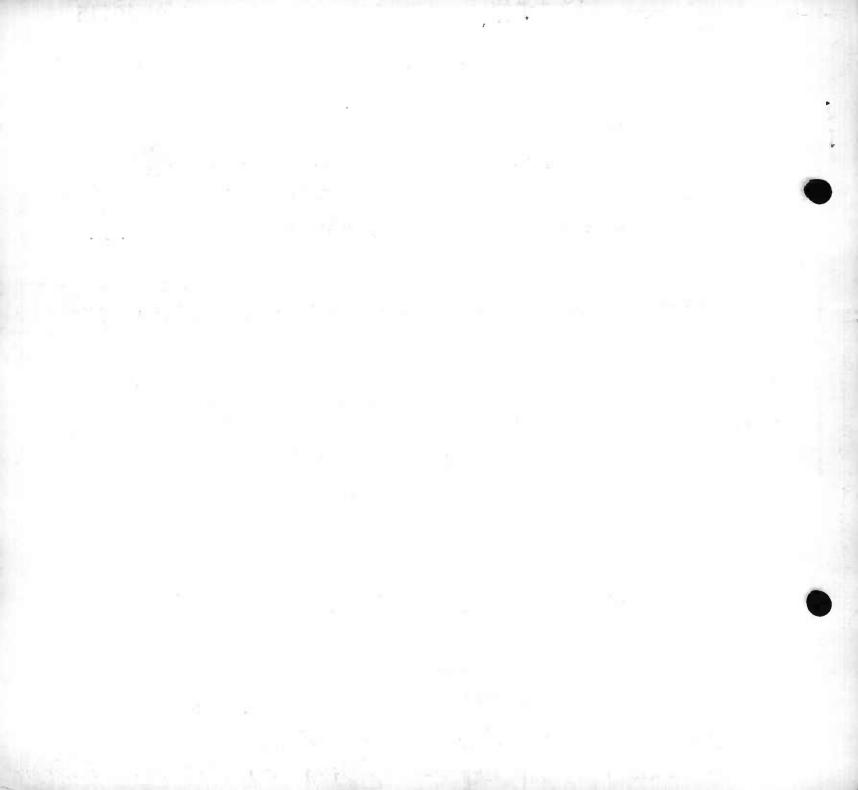
VS 150-REV. 1/1/68



10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY Industry of the during most of working life, even it retired) 13. FATHER'S NAME JOSEPH Lemon 15. Was Decoased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (If his does not mean like mode of dying, e.g., heart follow, e.g.,			2 DATE AND				NAME OF DEC
3. PLACE IN BALTIMORE, MARKLAND, WHERE PRONOUNCED DEAD FULL NAME OF INFORMANT ADDRESS OR LOCATIONS. Baltimore City Hospitals A940 Eastern Avenue Baltimore, Maryland 21224 S. SEK Female Negro On Lusual Couly Anion (Give State of Maryland 21224 S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro On Lusual Couly Anion (Give State of Wild Maryland) S. SEK Female Negro		_			, Sara	Gros	
FOUL NAME OF ADDRESS OR LOCATION OF RESTRET MOSPITAL OR INSTITUTION, GIVE STREET MOSPITAL OR ADDRESS OR LOCATION OF ADDRESS OR LOCATION, GIVE STREET MOSPITAL OR ADDRESS OR LOCATION, GIVE STREET AND NUMBER AS A CASE OF COLOR AND NUMBER AS A CONSEQUENCE OF: STREET AND NUMBER AS A CONSEQUENCE OF COLOR AND NUMBER AS A CONSEQUENCE OF: LA STAN AND ADDRESS OR LOCATION OF AUGUST OF STREET AND NUMBER AS A CONSEQUENCE OF: LA STAN AND ADDRESS OR LOCATION OF AUGUST OF STREET AND NUMBER AS A CONSEQUENCE OF: LA STAN AND ADDRESS OR LOCATION OF AUGUST	nne hefere admin	docoased lived. If institution residence	4. USUAL RESIDENCE (Whore d	UNCED DEAD	D, WHERE PRONG	LTIMORE, MARYL	PLACE IN BAL
A SOCIAL Second Sec	26-12	36	Maryland c. CITY OR TOWN	UTION, GIVE STREET			ISTITUTION
Baltimore, Maryland 21224 4940 Eastern Avenue 21224 5. SEK S. RACE Negro	ио 🗌	YES 🔀	Baltimore				
S. SEX S. BACE Negro Neg		23.224		Λ			
Female Negro WIDOWED DIVORCED 9-8-24 9-8-24 10st Birth year 10st Birthy 10st B							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. West Decoased Ever In U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 4940 Eastern Avenue 4940 Easte	rs Hours M	st birthday) Months Doys	9-8-24 lost	DIVORCED	WIDOWED		
JOSEPH LEMON 15. Wes Decosed Eve In U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 4940 Eastern Avenue Bether Records Baltimore, Marylan CAUSE OF DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise Ia the above cause (A) stoling the UNDERLYING CONDITION S. (C) UNDERLYING CONDITIONS, if any, giving rise Ia the above cause (A) stoling the UNDERLYING CONDITION S. (C) UNDERLYING CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE DOR CONDITION OF VEHICH OPERATION OF CONTRIBUTING CAUSE OF DEATH OF INJURY OCCUR? OF THE CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE O	OF WHAT COUP			BUSINESS OR INDUSTRY	lired)	working life, even i	ne during most of
15. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 4940 Eastern Avenue 18. 18. 19.			14. MOTHER'S MAIDEN NAME			ME	FATHER'S NA
BCH; Records Baltimore, Marylan		Grann	A sil				-
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head foliuse, ostheria, etc., if means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 OTHER SIGNIFICANT WAS UNDERLYING WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID INJURY OCCUR? OF INJURY (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED While AT Work APPROX.) 22. I certify that (I) (this hospital) ottended the deceased from March 1 work and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death		4940 Eastern Avenue	BCH: Records 4		d rotes of sorvice)	Ill yos, give we	s, se or unknowni
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenic, etc., if means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fost. (C) THE RISINIFICANT CONDITION S CONTRIBUTING TO THE PERMINAL DISEASE OR CONDITION OF REPRETATION WAS PERFORMED TO THE PEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF REPRETATION WAS PERFORMED TO THE ACCIDENT WAS UNDERLYING AUSES OF DEATH (mofily medical examined) TO FINJURY (e.g., in or about 21C, WHERE DID home, form, foctory, street, affice bidg., INJURY OCCUR? THE CONTRIBUTING CAUSES OF DEATH (mofily medical examined) TO THE PEATH (mofily medical examined) TO FINJURY (Month) (Doyl (Yeor) (Hour) 21E, INJURY OCCURED Work AI Work AI Work AI Work AI Work AI Work CAIP AI Work AI Work AI Work CIP) AI Work and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.	nd 2122		D	CAUSE OF DEATH		0 11	18. 2 2
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D.TIME OF INJURY (APPROX.) 21E. INJURY OCCURRED While At Work Not While At Work 22. I certify that (I) (this hospital) ottended the deceased from March 3, 19 53 to October 7, that (I) (we) lost saw the deceased above. (I) (We) (did) (did not) view the body after death.	Many		- Pontino Corel	(B) OLIVO	used death.) JSES if any, giving (A) stating the	plicalian which ANTECEDENT C R CONDITION abave caus	DISEASES O
OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examines) 21D-TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED While At Work Not While At Work 22. I certify that (I) (this hospital) attended the deceased from March 3, 19 63 to October 7, that (I) (we) lost saw the deceased alive on October 7, 19 70 and that in (my) (our) opinion death occurred and haur and fram the causes stated abave. (I) (We) (did) (did not) view the body after death.		***************************************		***********************	TO THE TERMINAL	H BUT NOT RELATI ONDITION GIVEN	DISEASE OR CO
(APPROX.) With a line of the local part of the	ISIDERED H?	20B. IF YES, WERE FINDINGS CONSID IN CERTIFYING CAUSES OF DEATH?	140		TO THE TERMINAL PART 1 (A). CONDITION FOR 1 PERFORMED	OPERATION 19	DISEASE OR CO
22. I certify that (I) (this hospital) attended the deceased from March 3, 19 63 to October 7, that (I) (we) lost saw the deceased alive on October 7, 19 70 and that in (my) (our) opinion death and have and from the causes stated above. (I) (We) (did) (did not) view the body after death.		20B. IF YES, WERE FINDINGS CONSID IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact loa	er about 21C WHERE DID	PLACE OF INITIBY (e.g. in	TO THE TERMINAL I PART 1 (A). CONDITION FOR 1 PERFORMED 21B. hom	T WAS UNDERL	19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify
that (i) (we) lost saw the deceased alive on October 7, 19 70 and that in (my) (our) opinion death account and from the causes stated above. (i) (We) (did) (did not) view the body after death		(If In Boltimore City, give exact loc	or obout 21C. WHERE DID re bidg., INJURY OCCUR?	PLACE OF INJURY (e.g., in , form, foctory, street, aff	TO THE TERMINAL PART 1 (A). CONDITION FOR 1 PERFORMED AG 21B. hom etc. eor) (Hourl 21E. Whi	T WAS UNDERLY TING CAUSE (medical examiner	10 THE DEATH DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBUT DEATH (notify) 21D-TIME OF INJURY
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death	ct locotion)	(If In Boltimore City, give exact loc	or obout 21C, WHERE DID to bidg, INJURY OCCUR?	PLACE OF INJURY (e.g., in, form, foctory, street, affi	TO THE TERMINAL PART 1 (A). PART 1 (A). PERFORMED 1G 21B. hom etc. eor) (Hourl 21E, Whi	T WAS UNDERLING CAUSE (Medical examines)	DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBUT DEATH (nofify 21D-TIME OF INJURY (APPROX.)
224 CICALATION	ct locotion)	(If In Boltimore City, give exect loc Y OCCUR? 63 to October 7,	or obout 21C. WHERE DID ebidg. INJURY OCCUR?	PLACE OF INJURY (e.g., in, form, foctory, street, affi	TO THE TERMINAL IPART 1 (A). CONDITION FOR 1 PERFORMED AG 21B. hometc. eon (Houn 21E. White World of the Condition of the	T WAS UNDERLING CAUSE (medical examiner (Month) (Doyl that (I) (this he	DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBUT DEATH (nofify 21D-TIME OF INJURY (APPROX.) 22. I certify to
ESON SIGNALURE	ct locotion)	(If In Boltimore City, give exect loc Y OCCUR? 63 to October 7,	or obout 21C. WHERE DID to bidg., INJURY OCCUR? 21F. HOW DID INJURY 2h 3, 19 70 ond that in	PLACE OF INJURY (e.g., in, form, foctory, street, off INJURY OCCURRED At Not While At Work deceased from Mar October 7,	TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED AG 218, hometo. GO 410 218, White Performed 1 (Hourt 218, White Performed 1) oftended the sased clive on	T WAS UNDERLINED CAUSE (Month (Doyl (Month (Doyl that (I) (this ho lost saw the de	DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBUT DEATH (notify) 21D-TIME OF INJURY (APPROX.) 22. I certify to
Attending Med. Staff Phys. Phy	19	(If in Boltimore City, give exact loc Y OCCUR? 63 to October 7, in(my) (our) opinion death occurr	or obout 21C. WHERE DID to bidg., INJURY OCCUR? 21F. HOW DID INJURY 2h 3, 19 70 ond that in	PLACE OF INJURY (e.g., in, form, foctory, street, off INJURY OCCURRED At Not While At Work deceased from Mar October 7,	TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED AG 218, hometo. GO 410 218, White Performed 1 (Hourt 218, White Performed 1) oftended the sased clive on	T WAS UNDERLING CAUSE (medical examiner (Month) (Doyl that (I) (this had lost saw the de fram the cause	DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBUT DEATH (notify) 21D-TIME OF INJURY (APPROX.) 22. I certify to
M. HISARI BOLL CITY HOSP	19	(If In Boltimore City, give exact loc Y OCCUR? 63 to October 7, in (my) (our) opinion death occurr 238 DATE SIGNED 1 9, 7, 7 0	or obout 21C, WHERE DID to bldg., INJURY OCCUR? 21F. HOW DID INJURY	PLACE OF INJURY (e.g., in, form, foctory, street, off INJURY OCCURRED At Not While At Work deceased from Mar October 7, (We) (did) (did not) vi	TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED AG 218, hometo. GO 410 218, White Performed 1 (Hourt 218, White Performed 1) oftended the sased clive on	T WAS UNDERLING CAUSE (Month) (Doyl that (I) (this had lost saw the defram the cause (E	DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (nofify) 21D. TIME OF INJURY (APPROX.) 22. I certify to thet (I) (we) and hour and 23A. SIGNATUR
24A. BURIAL CREMATION, REMOVAL (Specily) 10-10-70 24B. DATE 24C. NAME of CEMETERY CREMATORY 24D. LOCATION (City, lown, or count 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 105C. FEDUTAL	19 7 curred on the	(If in Boltimore City, give exoct local y OCCUR? 63 to October 7, in(my) (our) opinion death occurr 238, DATE SIGNED 4, 7, 7c stern Avenue Baltimore	or obout 21C, WHERE DID to bidg., INJURY OCCUR? 21F. HOW DID INJURY 21	PLACE OF INJURY (e.g., in, form, foctory, street, off INJURY OCCURRED At Work Be deceased from Mar October 7, (We) (did) (did not) vi	TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED AG 218, hometo. GO 410 218, White Performed 1 (Hourt 218, White Performed 1) oftended the sased clive on	T WAS UNDERLING CAUSE (medical examiner (Month) (Doyl that (I) (this had lost saw the defram the cause (E	DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBUT DEATH (notify) 21D-TIME 21D-TIME (APPROX.) 22. I certify the control of the control and hour and 23A-SIGNATUR 23C-PHYSICIAN NAME (Ty)



57.1	15-93 ca 1	BALTIMORE CITY HEALTH DEPARTMENT 70 10115	
57-3		BIRTH NO. CERTIFICATE OF DEATH REG. NO.	
	and eath ased the the	I NAME OF DECEMBED	
	of death Deceased o on the	5 immons Moses 2.15 Am. 12.13.170	
	at h	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before and an arrangement of the company of the	ission)
	e a Sie o		121
- 1	aus aus broda o	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?	
	2 5 5 5	Baltimore City Hospital Baltimore YES XX NO	. 2.
*	a training	4940 Eastern Avenue E. STREET AND NUMBER	
	a to a do	Baltimore, Md. 21224 1225 N. Caroline Street (21213)	
	occurre ontribut ermined regular eased p	Male Negro WIDOWED XX DIVORCED 11/19/10 59	24 His. Min.
	dete in r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COL	UNTRY?
		Construction Worker South Carolina U.S.A.	
	D + D B e S	13. FATHER'S NAME	
-	dispersion that	Abrahan Florence	
-	stant ind; eath e on	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, po or unknown) of yes, give wor or dotes of service) SECURITY NO. 17. INFORMANT 4940 Eastern Avenue	
L	T V - O C E	YES Unknown 214-09-6318 BCH Records Baltimore, Maryland 21	1224
er c		18. CAUSE OF DEATH	
Examiner.	his fo,	DISEASE OR CONDITION DIRECTLY	DEATH
To a	Als Als method	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE Card: ore SPIRATory arrest few mines the disease to the made of the made	nutes
		man tennel aguitation etce it tileotis ille disense	make '
Te C) ·= E 0 - > E	ANTECEDENT CAUSES	
ic	Xam Afr Who reg	DISEASES OR CONDITIONS, if ony, giving DUE 10, OR AS A CONSEQUENCE OF: 5: 22125	rabanda (ba
Medical	XX > = b	ise to the obove couse (A) stating the	
-	B _ C B _ S	UNDERLYING CONDITION lost. (C) C2 + C3 Cety Cal 57 no Practing 1976	
λq	medica edical burns; hysicia n was remain		
TE S	E e d e E s	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL	
e Ao	4	DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
approval			4
d li	the (2) or phe efor	In addition of the day in or opposite where DID	00
no	アキッチュっ	DEATH (notify medical examiner) etc.)	200
	- C - C - C	OF INJURY OCCURRED 21E. INJURY OCCURRED 21E. INJURY OCCURRED	7
sed	hoved nat nat ept d (6	(APPROX) 7-3-70 7:25 While AI Not While \ auto deuder	
9	the an year	22. I certify that XIX(this hospital) attended the deceased fram 7/3/70 19 70 ta 10/13	3
Rel	40 d d d d d d d d d d d d d d d d d d d	that (XX)(we) last saw the deceased alive an 10/13 19 70 and that in (MX) (our) apinian death accurred on the	dote
pc,	od o		
	ase de de	23A. SIGNATURE 1/ OFS O O	
		DEGOSE INVI	
	Is r	23C. PHYSICIAN'S 23D. ADDRESS PAT GETWODE CERTS	
	Wa Ar	(hoslow HISTIKI 1940 Fastern Ave Baltimore Maryland 2122	24
	E \$ COBE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY, 24D. LOCATION (City, lown, or county) (Sic	otel
	Ms: Ws:	Durial 10/10/70 Dallo . 11 allowed 5501 Frequer 44	-
	his hover ras	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	11
	と なる ない 生 日	15 11 Joseph 1304 h. (Bullet	47
Re	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be	and hour and from the causes stated obave. (#X(We) (dld) (did(nox)) view the body ofter death. 23A. SIGNATURE Affording Med. Stoff Oo, 13, 70 23C. PHYSICIAN'S NAME (Type) Carlot Compared Phys. Stoff Oo, 13, 70 23D. ADDRESS BALTIMORE CITY HOSPITAL 24A. BURIAL CREMATION, 24B. DATE OF CREMETERY OF CREMATORY, 24D. LOCATION (City, town, or county) 24A. BURIAL CREMATION, 24B. DATE OF CREMETERY OF CREMATORY, 24D. LOCATION (City, town, or county) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	

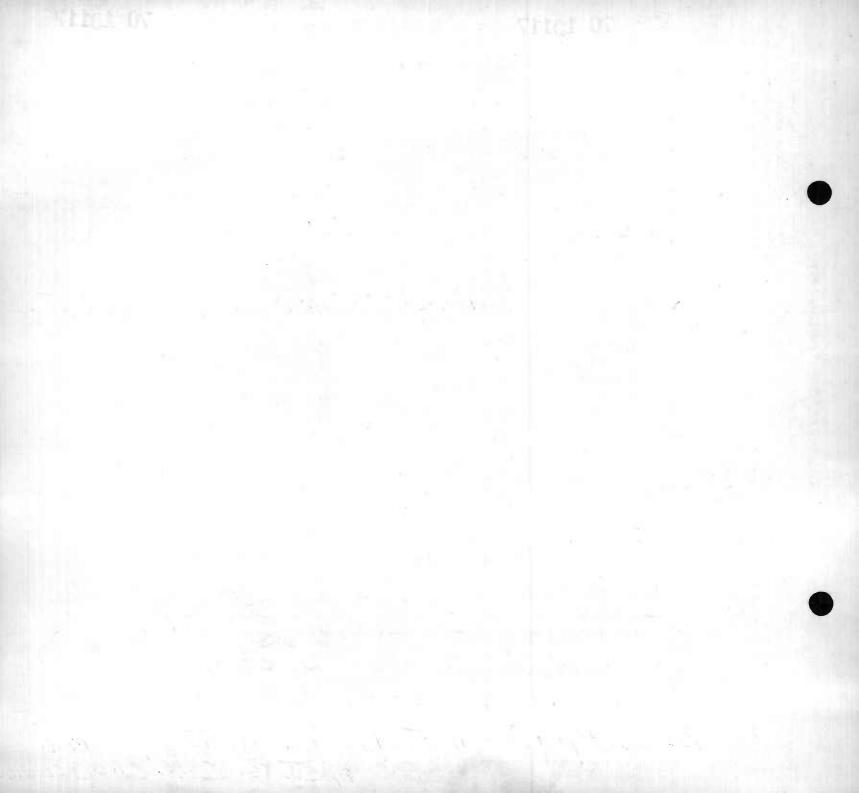


-	T-560 70 10116	,	BALTIMORE CITY	HEALTH DEPARTMENT		70 40440
	RTH NO.	3	CERTIFICA	TE OF DEATH	REG. NO	VO 10116
154	NAME OF DEGRASED ONING TO PRINT	11	m APA	2. DATE	AND HOUR OF DEAT	0 16:15 0
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. II	institution: residence before admission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	UTITZP	TION, GIVE STREET	IN STATE D. CO	LTO.	12-03
-	To a			BALTO		ISIDE CITY LIMITS?
3	Mercy			E. STREET AND NUMBER		YES/[// NO]
	MICKEY			315 E. 27th.	ST.	
5.	SEX 6. RACE 7. MARI	RIED #	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr Il Under 24 Hrs. Months; Doys : Hours : Min.
	M WIDON		DIVORCED	MAY 2nd. 1891	1 10	Months Doys Hours Min.
don	LUSUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired)	DOF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	CTIRED TAVERN OWNER			ITALY		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	FIUMA	RA		?		
5. Ye	Was Deceased Ever in U. S. Armed Forces? s.g. or unknown) (If yes, give wor ar dotes of servi	ice)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	W.W. T			MRS. GRACE M.	FIUMARA 315	E. 27th. ST.
	18. 492×1		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY			Dona	. 2	
	fThis does not mean the mode of dving.	e.g.,	(A) IMMEDIATE CAU	SE A WAGE OF:	tory yas	fue
	heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase,	202 10, OK A3 ,	CONSEQUENCE OF:	0	
	ANTECEDENT CAUSES		April a	Dulan	A	0
	DISEASES OR CONDITIONS, if any, give	vina	DUE TO, OR AS	A CONSEQUENCE OF:	my luy	Cysselli
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the			0	0 >
	ONDERLING CONDITION last.		(c)		***************************************	
Z	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG				
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	***************	*****************************		
	19A. DATE OF OPERATION 198. CONDITION F	OR WI	IICH OFERATION	20A. AUTOPSY? (Yes or	No 208 IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			No	IN CERTIFYING C.	AUSES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	218, Pi hame, etc.)	ACE OF INJURY (e.g., in farm, factory, street, off	ar obout 21 C. WHERE DID	()f in Baltime	ore City, give exoct location)
w	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E #	NJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
2	(APPROX)	White				
	22. I certify that (I) (this hospital) attende		At Work	9/10	70 /	10/12
	that (1) (we) last saw the deceased alive			1 61	19 <u>/ 0</u> ta _ /	19/0
1			/			inian death accurred an the date
	and haur and fram the causes stated above	e. (1) (We) (did) (dld nat) vi	ew the bady after death	•	
	Man	,	Atten	ding Med.	Shift of	238, DATE SIGNED
	23C. PHYSICIANES	1	The DECREE Phys.	Director L	Staff Phys.	10/12/7
	23C. PHYSICIAN'S NAME (Type)		1	3D. ADDRESS		11
44	BURIAL CREMATION, 248, DATE 240	N	1 M DEGREE	//	ercy ,	Hospital
.77	REMOVAL (Specify)	. NAN	LE OL CEMETERY OF CRE		0	city, towar or county) (State)
B	URIAL OCT. IS 1970 LATE REC'D BY HEALTH DEPT. 1258, NAM	HOL	REDEEMER		BALTO. Md.	2022
AC1	T 1 5 1970 Robert E. Jailer	AL Z	REGISTRAR	25C, FUNERAL DIRECTO	0 ,	ADDRESS
1		1	en a cvo	Want Palk	h/100 32	22 S. HIGH ST.
. 2	50-REV. 1/1/68					

Ray way just in Down Tulum up a compagnion Herry Hoyor

. .21. . . .

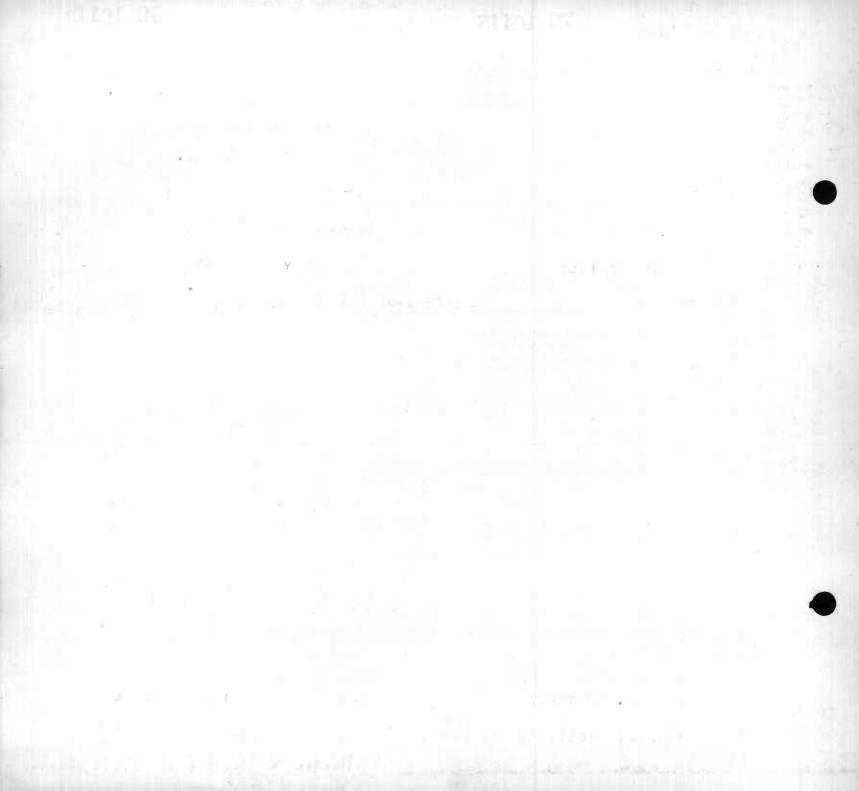
1.0



1 11 3 100 4 110	HEALTH DEPARTMENT
C-143 70 10118 CERTIFICA	TE OF DEATH V REG. NO. 70 10118
I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) Coffield, Thimas	10/13/20 1 120 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	BALTO CO. 53
HOSPITAL OR ADDRESS OR LOCATION)	C. CITÝ OR TOWN BALT I MORE (ESSEX) YES NO X
22 De Johns Gapkins Gapital	BALTIMORE (ESSEX) YES NO X
Jie o vi	BACK RIVER NECK RD.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Instrument of the state
MIDOWED DIVORCED	5-9-09 61
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during mest of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Petired	Greenville, S.C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ADAM COFFIELD	LUCY CAMPBELL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No. 212-03-8407	Mrs. Martle terguson 2535 Quantice
1B. O / O X I CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TBI
(This does not mean the mode of dying, e.g., (A)IMMEDIATE CAL	A CONSEQUENCE OF:
heart failure, osthenio, etc. Il meons the diseose, injury or complication which coused death.)	/ 2
ANTECEDENT CAUSES	Silicosis
District on Content on, it only, giving	A CONSEQUENCE OF:
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	Yes IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTION CALLER OF	n or obout 21 C. WHERE DID (If in Soltimore City, give exoct location)
DEATH (notify medicol exominer)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(A PPROX.) While At Not While At Work	e
22. I certify that (I) (this hospital) attended the deceased from	10/11 1990 to 10/13 19 20
that (1) (we) last saw the deceased alive on 10/13	19 70 and that in (my (aur) opinion deoth accurred an the date
ond haur/and from the causes stated abave. (!) (We) (did) (did nat)	
23A. SIGNATURE	anding Med. Staff M
1. Mulliude 190 DEGREE Phy	s. Director Phys
23. HYSICIAN'S NAME (Type)	23D. ADDRESS
J. AMATRUDA DEGREE	THE JOHNS HOPKINS HOSPITAL
REMOVAL (Specify)	EMATORY 24D. LOCATION (City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	I do

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

Balto. Nat'l Cemetery

25C. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

Maryland

1701 Laurens Street

ADDRESS

Baltimore.

& DYETT F.H.

NAME (Type)
24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify) Burial

VS 151-REV. 1/1/68

24B, DATE

10-16-70

man Ma offered to the first of the control of the c The second of the second of

FUNERAL DIRECTOR:

NO T

If Under 24 Hrs.

ETWEEN ONSET AND DEATH

Days

Years

ADDRESS



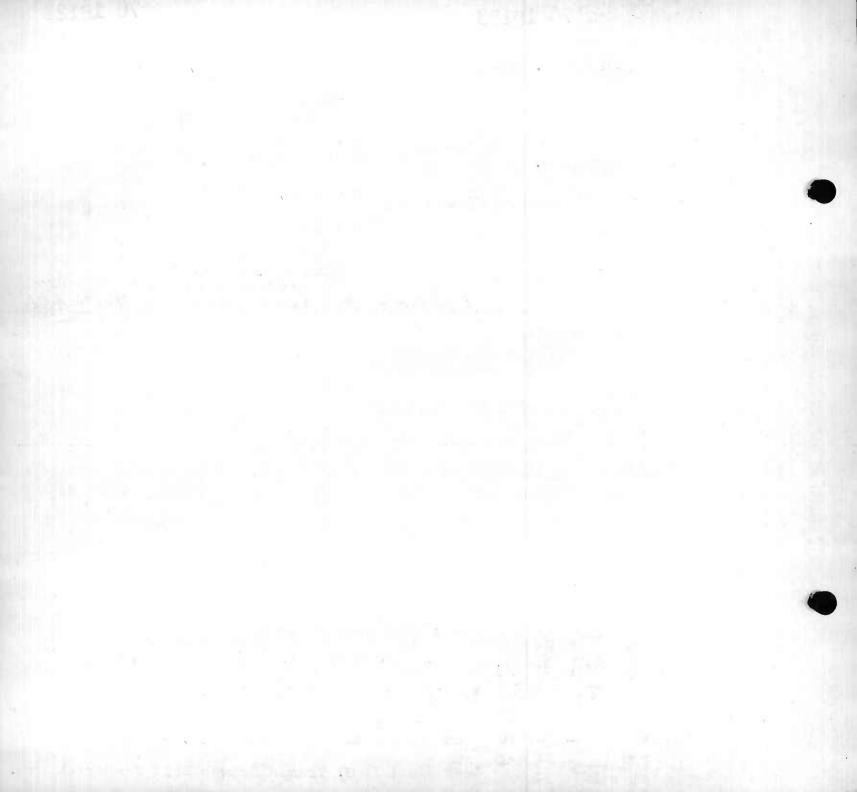
H-640	70 101		Y HEALTH DEPARTMENT	REG. NO. 70	10121
BIRTH NO.		CERTIFICA	ATE OF DEATH	\	-9-
(Type or Print)		111	2. DATE AND	HOUR OF DEATH	
3. PLACE IN BALTIMORE,	MARYLAND, WHERE I	PRONOLINCED DEAD	114 HISHAL PESIDENCE (When a	11 /70	1 7/20 PM.
			4. USUAL RESIDENCE (Where d	DOR CHES	nt residence before odmission)
FULL NAME OF (IF I HOSPITAL OR ADI	DRESS OR LOCATION	INSTITUTION, GIVE STREET	Ind. US	14	07-00
D . O	Hospita	1	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
DON SECOUL	=011040 8	F	E. STREET AND NUMBER	RO, YES	NO []
Bo + to	nd	21223	Rural		
SEX 6. RACE	7- MA	RRIED NEVER MARRIED		GE (In years If U	nder 1 Yr. , If Under 24 Hrs.
M USUAL OCCUPATION	WIDO	OWED DIVORCED	9/2/88 1051	birthdoy) Mont	nder 1 Yr. If Under 24 Hrs. hs Days Hours Min.
one during most of working life	, even if relired)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or foreign of	country) 12. (TITIZEN OF WHAT COUNTRY
Ketired			Ind.		USA
FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Frank	Hurley		Margare	+ Hurley	
. Was Deceased Ever in U	S. Armed Forces?	16. SOCIAL	17. INFORMANT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS
ui yes, g	THE WOLD OF GOIES OF SEL	2/5-36-176	Patin		- 10 0 1100
18. 450V	1	CAUSE OF DEAT	rangus.		
DISEASE OR CO	NDITION DIRECTLY	J. NOL O. DEAT	••		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING	TO DEATH		P. human	2 1.0	26
(This does not meon heart failure, asthenia,	the mode of dying,	e.g., (A)IMMEDIATE CAI	A CONSEQUENCE OF:	LEMINSUS	3 hours
injury or complication	which coused deoth.)	ease,	right	it pelmone	sey
ANTECED	ENT CAUSES			renerry	Y
DISEASES OR CONT	OITIONS, if ony, c	iving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
underlying condi-	cause (A) sloling	the			
ONDERETING CONDI	IION last.	(C)	***************************************	***********	***
OTHER SIGNIFICANT CO	II	7416			
I TO THE DEATH BUT NO	RELATED TO THE TERMI	NAL			
INIZERZE OF CONDITION	DN 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	R IE VEC WERE SINGLE	CC CONCIDENT
19A. DATE OF OPERATION	WAS PERFORMED		Yea	CERTIFYING CAUSES O	F DEATH?
21 A. ACCIDENT WAS U	NDERLYING	218 PLACE OF INJURY (e.g., i home, lorm, loctory, street, of	1 th	41 In Boltimore City, s	
DEATH (notily medical e	x omin ed	home, form, foctory, street, of	fice bldg. INJURY OCCUR?	Ju su secuniora Cuy, (ALA SYOCI IOCOHON)
OF INJURY (Month)	(Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX.)		While At Not While Work At Work	. 🗆		
22. I certify that (1) (this hospital) attend		0 = 7 = 74 10	. //	1
that (1) (we) lost saw	the deceased alive	on (0-11-7.)	19and that In	to	19-70
and hour and from the		- (1) (W) () = () = ()	and that in	(my) (aur) opinion de	oth occurred on the dote
23A. SIGNATURE	causes stated obov	re. (1) (We) (did) (did not) v	lew the body after deoth.		
	Muchina	FoleBrong - ALL	nding 🖂 Mad — sam		ATE SIGNED
23C.PHYSICIAN'S	Marow	DEGREE	nding Med. Staff Director Phys.	4 /	0.12.70.
NAME (Type)			3D. ADDRESS		0
PARCIS	O A. PE	BOPUSA- DEGREE	BOH SECOU	KI HOS	ν.
A. BURIAL CREMATION, REMOVAL (Specify)		C. NAME OF CEMETERY OF CRE		ION (City, town,	or county) (State)
Burial (Specify)	oct.15,197	O Dorchester 1	Memorial Park Ca	ambridee Do	r., Md.
A. DATE REC'D BY HEALT	H DEPT. 258, NA	ME OF REGISTRAR	250 FUNERAL DIRECTOR	A DO	ADDRESS
OCT 15 1970	Robert E. Fa		of a store	26 - 100	mbridge, Md.
150-PEV 1/1/69			1	- POTELLE NO	



П	3-620	M. 6		Y HEALTH DEPARTMENT		70 10122
B	IRTH NO.	70 101	L22 CERTIFICA	TE OF DEATH	REG. NO. 1	24813,0 10165
1,	NAME OF DECEASED				AND HOUR OF DEATH	
	Burke, Mrs. De	dia		1		0 1 0:05
3.	PLACE IN BALTIMORE, MAI	RYLAND, WHERE PI	ONOUNCED DEAD	14 OZUAL KEZIDENCE (A	Where deceased lived. If in	nstitution: residence before admission)
F	ULL NAME OF HE NOT	IN HOSPITAL OF	NOTHING OVER STREET		JUNIT	n 111
H			NSTITUTION, GIVE STREET	C. CITY OR TOWN	CATO ONLINE	DE CITY LIMITS?
1	Boug	occour Hoy	3:141	Ballimore	D. 11421	YES NO P
	31/			E. STREET AND NUMBER	1	1E3 NO E
_	04			601 14 100	Chorcudanu	
5,	SEX 6. RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	FW	WIDO	WED DIVORCED	12-27-01	lost birthdoy!	Months Doys Hours Min.
10.	A. USUAL OCCUPATION (Give ne during most of working life, eve	kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or I	oreign country	12. CITIZEN OF WHAT COUNTRY?
	the during most of working file, eve	m II remedy		0 14 =		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	I A A A E	2.5.
	5	× .			iAM'E	
15.	Was Deceased Ever In U. S.	Armed Forces?	16. SOCIAL	17. INFORMANT		
(Ye	s, no or unknown) (If yes, give	wor or doles of serv	SECURITY NO.			ADDRESS #21228
_	No		220-07-2426-A	Sister Bridge	TTO GOIM	aiden Choice Lang
	18.412.41		CAUSE OF DEAT	н	10 6011	APPROXIMATE INTERVAL
	DISEASE OR COND	ITION DIRECTLY		0 1 1/	.,	BETWEEN ONSET AND DEATH
	(This does not mean the		(A) IMMEDIATE CAU	RESPITATORE A CONSEQUÊNCE OF:	1 arrest + Cou	diae
	hearl lailure, asthenia, elc.	il means the dise	dase, DUE TO, OR AS	A CONSEQUENCE OF:	α	nest!
	injury or complication which					
	ANTECEDENT		(B)/\'. S'.	C.U.D. C C	HF CCU	A, CMI
	DISEASES OR CONDITION ise to the above co	ONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	***********************)
	UNDERLYING CONDITION	l last.	(c)	o may due?	o. Empolior	מ
_	11		d	co, naseous	***************************************	
10	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL	IONS CONTRIBUTI	NG	9		1
CAT	IDISEASE OR CONDITION GIV	EN IN PART 1 (A).	*****************		***************	
TIFIC	19A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20 B. IF YES, WERE F	INDINGS CONSIDERED
CERTIFICATION	21A. ACCIDENT WAS UNDE		lota o de la companya	No (no per		JES OF BEATH!
	OR CONTRIBUTING LICALIS	FOF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, aff	or obout 21C. WHERE DID	(It In Baltimore	City, give exocl lacotion)
2	DEATH (notify medical exami		elc.)			
MEDICAL	OF INJURY (Manth) (Do)	yl (Yeor) (Hourl	21 & INJURY OCCURRED	21F. HOW DID IN	HURY OCCUR?	
<	(APPROX.)		While At Wark Not While At Work			
	22. I certify that (1) (this	hospital) attende	1	10 + 06	19 70 to 10	110 1170
	that (I) (we) lost saw the					110 19 70
			e. (i) (We) (did) (did not) vi	ond i	not in (my) (our) opin	ion death accurred on the dote
	23A. SIGNATURE	nses stoled and A	e, (i) (we) (aid) (aid not) vi	ew the body ofter death		
	Jante	a. Vorcual	CSC Atter	oding Med.	1	23B DATE SIGNED
	23C.PHYSICIAN'S		To To	Director L	Staff Phys.	10-10-70
	NAME (Type) SAL	VYRA VO	RARAKSA) 2	BON SECO	URS 1105PI	TAL
244	BURIAL CREE		DEGREE		0.00	Pol Com
24A	REMOVAL (Specify)	DATE 240	NAME of CEMETERY OF CREE	MATORY 24D.	LOCATION (City	, town, or countyl (Stole)
	BuriAL 10	113/1970	New CATH	edeal F	BOSTO. 1	16.
25A	DATE REC'D BY HEALTH D			25C. FUNERAL DIRECTO	OR.	ADDRESS
-	12 19/0 086	Bert E Jak	2000 O	o Thurs	S-119-150 1-	ENCONG HORE
VS	150-REV. 1/1/68	-184-2		1 1//08		

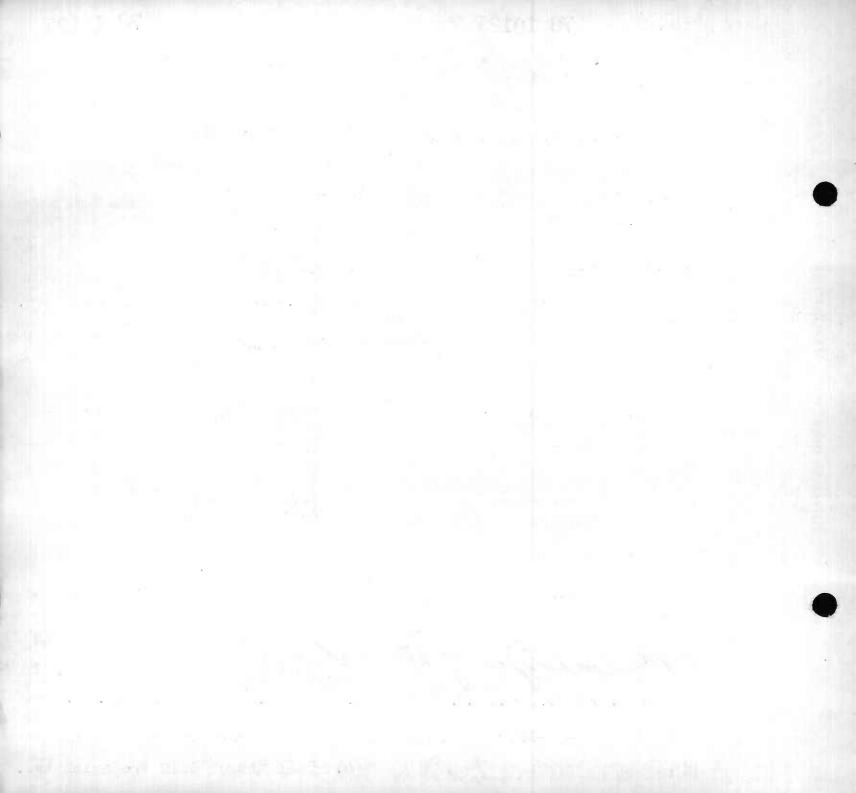


	AME OF DECI	ASED								
{Тур	oe or Print)	adale	na J.	Never	•		Octo	ber 9.	1970	
3. P	PLACE IN BALT	IMORE MAR	YLAND, WHI	ERE PRONO	UNCED DEAD	4. USUA	Octo AL RESIDENCE (Where B. COUN	e deceased lived.	If institution:	residence before o
F111	11 NAA45 OF	//E NOT	IN LIGEBURA	OR INTERPRET	LIBON CIVE STREET		ryland			20-1
HO	LL NAME OF SPITAL OR STITUTION	ADDRESS	S OR LOCATI	ON)	UTION, GIVE STREET		OR TOWN	D.	INSIDE CITY	LIMITS?
114.2	SIITOTION						ltimore		YES X	□ ON □
0	0					E. STRE	ET AND NUMBER			
	32 B	enkert	2370			3	2 Benkert	Ave.		
S. S		6. RACE		MARRIED	NEVER MARRIED		OF BIRTH	AGE (In years	If Und	er 1 Yı. If Unde
E.	emale	White		WIDOWED		=	ch 18,189	ost birthdoy) O 80	Avionins	Doy's Hours
10A.	USUAL OCCU	PATION (Give	kind of work 10		BUSINESS OR INDU				12. CIT	IZEN OF WHAT
done	during most of v		n if retired)			Ral	timore			
17	HOUSE 4	1Fe					HER'S MAIDEN NAM	A F		
13.	FAIRER 3 NAV	A E				14. MOI	TIER 3 MAIDEN NAM	16		
	Josen	oh Wum	m			K	resenzia	Vogel		
1S. V	Josep Wos Deceosed s, no of unknown)	(If yes, give	Armed Force wor or dotes	s? of service)	1 6. SOCIAL SECURITY NO.	17. INFO		WILSON	AVE.	ADDRESS 3
	1/0				219-05-09	35 Ma	s. ANNE	ROLF.	05 E	SALTOIN,
	1B. 1 / 1 9	1//			CAUSE OF D	EATH	0. 11 w 21 E	11001		ALLKOVIWATE II.
	PISEAS	E OR COND	ITION DIRE	CTLY						BETWEEN ONSET A
		LEADING TO			ANIMAMEDIATE	CALISE PAY	Cerio Cleroti QUENCE OF:	C CVI)		16 -yea
	(This does n	of meon the	made of d	vina ea	(A) INVINCEDIATE	CHOSE CAI.	0000			
					DUE TO, OR	AS A CONSEC	QUENCE OF:			
1	heart failure, injury or com	osthenio, etc.	. II meons Ih	ne diseose,	DUE TO, OR	AS A CONSEC	QUENCE OF:			
1	injury or com	osthenio, etc.	. II meons It ch coused d	ne diseose,	DUE TO, OR	AS A CONSEC	QUENCE OF:			
8	injury or com	osthenio, etc. plicotion which ANTECEDENT	. II meons Ih ch coused d I CAUSES	ne diseose, eoth.)	(B)	R AS A CONSE				
	DISEASES O	osthenio, etc. plicotion which ANTECEDENT R CONDITION Obove co	. II meons It ch coused d CAUSES ONS, if on ouse (A) s	ne diseose, eoth.) sy, giving	(B)					
	DISEASES O	osthenio, etc. plicotion which ANTECEDENT R CONDITION Obove co	. II meons It ch coused d CAUSES ONS, if on ouse (A) s	ne diseose, eoth.) sy, giving	(B)					
Z	DISEASES Orise to The	osthenio, etc. plicotion which ANTECEDENT R CONDITION 6 obove con 6 CONDITION	. II meons II ch coused d I CAUSES ONS, if on ouse (A) s N lost.	ne diseose, eoth.) ny, giving stoting the	(B)					
NOIT	DISEASES OF TISE TO THE SIGNIF	ostherio, elc. plicolion which ANTECEDENT R CONDITION CONDITION ICANT CONDITION H BUT NOTRE	. II meons If ch coused d CAUSES ONS, if on ouse (A) s N lost. TIONS CONT	ne disease, eath,) ny, giving toting the	(B)					
ATI	DISEASES OF THE PROPERTY OF THE PARTY OF THE	ostherio, elc. plicotion which ANTECEDENT R CONDITION CONDITION CONDITION ICANT CONDITION H BUT NOTRE ONDITION GIV	. II meons It ch coused d I CAUSES ONS, if on Duse (A) s N lost. TIONS CONTLATED TO THE VEN IN PART	ne disease, eath,) by, giving thating the TRIBUTING TERMINAL (A).	(B)(C)	R AS A CONSE	QUENCE OF:		ERE FINDING	S CONSIDERED
ATI	DISEASES OF THE PROPERTY OF THE PARTY OF THE	ostherio, elc. plicotion which ANTECEDENT R CONDITION CONDITION CONDITION ICANT CONDITION H BUT NOTRE ONDITION GIV	. II meons It ch coused d I CAUSES ONS, if on Duse (A) s N lost. TIONS CONTLATED TO THE VEN IN PART	ne disease, eath.) by, giving stating the TRIBUTING TERMINAL 1 (A).	(B)	R AS A CONSE			ERE FINDING CAUSES OF	S CONSIDERED DEATH?
ERTIFICATI	DISEASES OF TISE TO THE DEAT T	osthenio, etc. plicotion white NTECEDENT R CONDITION obove co G CONDITION HEAT NOT RE DONDITION OPERATION IT WAS UND	I meons It ch coused d r CAUSES ONS, if on puse (A) s N lost. TIONS CONTINUES TO TO THE CONTINUES CONTINU	ne disease, eath.) by, giving toting the IRIBUTING TERMINAL (A). TION FOR TRIMED	(B)	20A.	AUTOPSY? (Yes or No.	208. IF YES, W IN CERTIFYING		S CONSIDERED DEATH?
AL CERTIFICATI	DISEASES OF THE DISEASE OF THE DEAT OF THE DEAT OF THE DEAT OF THE DEAT OF THE DISEASE OF THE DI	osthenio, elc. plicotion whith NTECEDENT R CONDITION	I meons It ch coused d I CAUSES ONS, if on ouse (A) s N lost. TIONS CONTINUES THE N PART 19B. CONDIWAS PERFO	ne disease, eath.) by, giving toting the IRIBUTING TERMINAL (A). TION FOR TRIMED	(B)	20A.	AUTOPSY? (Yes or No.	208. IF YES, W IN CERTIFYING		
ICAL CERTIFICATI	DISEASES OF TISE TO THE DEAT THE THE THE DEAT THE THE THE THE T	osthenio, etc. plicotion white NTECEDENT R CONDITION obove con CONDITION ICANT CONDITION OPERATION IT WAS UND TING CAU medical exam	I meons It ch coused d f CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART I 19B. CONDI WAS PERFO ERLYING SE OF cine)	ne disease, eath.) Ty, giving the state of	(C)WHICH OPERATION PLACE OF INJURY (e.e., form, foctory, stree)	20A.	AUTOPSY? (Yes or No.	20B. IF YES, W IN CERTIFYING (If in Bol		
EDICAL CERTIFICATI	DISEASES OF TISE TO THE DEATH DISEASE OF CONTRIBUTION OF TO THE DEATH OF CONTRIBUTION OF CONTR	osthenio, elc. plicotion whith NTECEDENT R CONDITION	I meons It ch coused d f CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART I 19B. CONDI WAS PERFO ERLYING SE OF cine)	ne disease, eath.) ay, giving the state of	(C)WHICH OPERATION PLACE OF INJURY (c.e., form, foctory, stree)	20A.,	AUTOPSY? (Yes or No.	20B. IF YES, W IN CERTIFYING (If in Bol		
ICAL CERTIFICATI	DISEASES OF THE UNDERLYING OTHER SIGNIFT TO THE DEATH DISEASE OR CO. 19A-DATE OF OR CONTRIBUDEATH (notify) 21D. TIME	osthenio, etc. plicotion white NTECEDENT R CONDITION obove con CONDITION ICANT CONDITION OPERATION IT WAS UND TING CAU medical exam	I meons It ch coused d f CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART I 19B. CONDI WAS PERFO ERLYING SE OF cine)	ne disease, eath.) ay, giving the state of	(B) DUE TO, OI (C) WHICH OPERATION PLACE OF INJURY (e.e., form, foctory, stree) INJURY OCCURRED	20A., in or about it, office bldg.,	AUTOPSY? (Yes or No.	208. IF YES, WIN CERTIFYING (If in Bol	timore City, gi	ive exoct location)
MEDICAL CERTIFICATI	DISEASES OF THE UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OF CO. 21 A. ACCIDEN OR CONTRIBUTED THE CONTRIBUT	osthenio, etc. plicotion whit NTECEDENT R CONDITIO obove co CONDITION ICANT CONDITION OPERATION IT WAS UND TING CAU medicol exom (Month) (Do	I meons it ch coused d r CAUSES ONS, if on puse (A) s N lost. TIONS CONTILATED TO THE VEN IN PART I 19B. CONDI WAS PERFO DIERLYING SE OF ciner) Dy) (Yeor)	IN GENERAL STRIBUTING TERMINAL 1 (A). ITION FOR TRIBUTION	(B) DUE TO, OI (C) WHICH OPERATION PLACE OF INJURY (e.e., form, foctory, stree) INJURY OCCURRED ile At Not At V he deceosed fram	20A., in or about it, office bldg.,	AUTOPSY? (Yes or No.	20B. IF YES, W IN CERTIFYING (If in Bol		
MEDICAL CERTIFICATI	DISEASES OF THE UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OF CO. 21 A. ACCIDEN OR CONTRIBUTED THE CONTRIBUT	osthenio, etc. plicotion white NTECEDENT R CONDITION obove con CONDITION ILLIANT CONDITION ILLIANT CONDITION OPERATION IT WAS UND TING CAU medical exam (Month) (Do	I meons It ch coused d r CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART I 19B. CONDI WAS PERFO DERLYING SE OF ciner) s hospitol)	y, giving the state of the stat	(B) DUE TO, OI (C) WHICH OPERATION PLACE OF INJURY (see, form, foctory, stree) INJURY OCCURRED ille At	20A., i.g., in or obout it, office bldg., While	21C. WHERE DID INJURY OCCUR?	OP 208. IF YES, WIN CERTIFYING (If in Bol	timore City, gi	ive exoct location)
MEDICAL CERTIFICATI	DISEASES OF TISE TO THE DEATH DISEASE OF COMPANY OF THE DEATH DISEASE OF COMPANY OF CONTRIBUTION OF CONTRIBUTI	osthenio, etc. plicotion whith NTECEDENT R CONDITION obove con CONDITION IL CANT CONDITION IL CANT CONDITION OPERATION IT WAS UND IT	I meons It ch coused d I CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART 1 198. CONDIWAS PERFO DIERLYING SE OF niner) s hospital) s hospital) e deceased	ty, giving the disease, eoth.) TRIBUTING TERMINAL (A). TION FOR MED (Hour) 21E, Whom etc.	(B) DUE TO, OI (C)	20A., in or obout it, office bldg., While	AUTOPSY? (Yes or No) 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJU	OP 208. IF YES, WIN CERTIFYING (If in Bol	timore City, gi	ive exoct locotion)
MEDICAL CERTIFICATI	DISEASES OF TISE TO THE DEATH DISEASE OF COMPANY OF THE DEATH DISEASE OF COMPANY OF CONTRIBUTION OF CONTRIBUTI	osthenio, etc. plicotion white NTECEDENT R CONDITION OF CONDITION IL CANT CONDITION OF CONDITION	I meons It ch coused d I CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART 1 198. CONDIWAS PERFO DIERLYING SE OF niner) s hospital) s hospital) e deceased	ty, giving the disease, eoth.) TRIBUTING TERMINAL (A). TION FOR MED (Hour) 21E, Whom etc.	(B) DUE TO, OI (C) WHICH OPERATION PLACE OF INJURY (e.e., form, foctory, stree) INJURY OCCURRED ile At Not At V he deceosed fram	20A., in or obout it, office bldg., While	AUTOPSY? (Yes or No) 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJU	OP 208. IF YES, WIN CERTIFYING (If in Bol	OCF apinian dec	ive exoct locotion)
MEDICAL CERTIFICATI	DISEASES OF THE UNDERLYING OTHER SIGNIFT TO THE DEATH DISEASE OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	osthenio, etc. plicotion white NTECEDENT R CONDITION OF CONDITION IL CANT CONDITION OF CONDITION	I meons It ch coused d I CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART 1 198. CONDIWAS PERFO DIERLYING SE OF niner) s hospital) s hospital) e deceased	ty, giving the disease, eoth.) TRIBUTING TERMINAL (A). TION FOR MED (Hour) 21E, Whom etc.	(B) DUE TO, OI (C)	20A.,g., in or obout t, office bldg., While	21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 20 and the body after death.	OP 208. IF YES, WIN CERTIFYING (If in Bol	OCF apinian dec	172 19 ath occurred an
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEATI DISEASE OF THE DEATI DISEASE OF CONTRIBU 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU	osthenio, etc. plicotion white NTECEDENT R CONDITION Obove con CONDITION IL CANT CONDITION OPERATION IT WAS UND TING CAU medicol exom (Month) (Do that (1) (this last sow the fram the con RE	I meons It ch coused d I CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART 1 198. CONDIWAS PERFO DIERLYING SE OF niner) s hospital) s hospital) e deceased	ty, giving the disease, eoth.) TRIBUTING TERMINAL (A). TION FOR MED (Hour) 21E, Whom etc.	(B) DUE TO, OI (C)	20A., i.g., in or obout it, office bldg., While York 19 21) view the Attending Phys.	21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? And the body after deoth.	URY OCCUR?	OCF apinian dec	ive exoct locotion) /2 ath occurred an
MEDICAL CERTIFICATI	DISEASES OF THE UNDERLYING OTHER SIGNIFT TO THE DEATH DISEASE OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	osthenio, etc. plicotion white NTECEDENT R CONDITION OBOVE CO G CONDITION IL CANT CONDITION OPERATION IT WAS UND TING CAU medicol exom (Month) (Do that (1) (this last sow the fram the co	I meons It ch coused d I CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART 1 198. CONDIWAS PERFO DIERLYING SE OF niner) s hospital) s hospital) e deceased	ty, giving the disease, eoth.) TRIBUTING TERMINAL (A). TION FOR MED (Hour) 21E, Whom etc.	(B) DUE TO, OI (C)	20A.,g., in or obout t, office bldg., While	21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? And the body after deoth.	URY OCCUR?	OCF apinian dec	172 19 ath occurred an
MEDICAL CERTIFICATI	DISEASES OF THE UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR CO TIPPORT OF THE DEAT OF THE DEATH (notify) 21A. ACCIDEN OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	osthenio, etc. plicotion white NTECEDENT R CONDITION OF CONDITION II ICANT CONDITION OPERATION IT WAS UND ITING CAU medicol exom (Month) (Do that (1) (this last sow the fram the co	Il meons It ch coused de la CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART 119B. CONDI WAS PERFO DIERLYING se hospitol) e deceased days stated WAN A R	ty, giving the disease, eoth.) TRIBUTING TERMINAL (A). TION FOR MED (Hour) 21E, Whom etc.	(B) DUE TO, OI (C)	20A., 20A., 20A., 3., in or obout 1, office bldg., White	21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	20B. IF YES, W IN CERTIFYING (If in Bol URY OCCUR? 9 \$ 3 to of in(my) (aur) Staff Phys.	OCF apinian dec	ath occurred an
MEDICAL CERTIFICATI	DISEASES OF TISE TO THE DEAT TO THE DISEASE OF THE DEAT TO THE DISEASE OF THE DEAT TO THE DISEASE OF THE DISEAS	osthenio, etc. plicotion whith NTECEDENT R CONDITION Obove con CONDITION IL CANT CONDITION IL CANT CONDITION OPERATION IT WAS UND TING CAU medical exam (Month) (Do that (I) (this last sow that I fram the con RE N'S (Pe) WATION, 24B	I meons It ch coused d I CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART 1 198. CONDIWAS PERFO DIERLYING SE OF niner) s hospital) s hospital) e deceased	ty, giving the disease, eoth.) TRIBUTING TERMINAL (A). TION FOR MED (Hour) 21E, Whom etc.	(B) DUE TO, OI (C) WHICH OPERATION PLACE OF INJURY (e. of, form, foctory, stree) INJURY OCCURRED INJURY OCCURRED IN At V At V The deceosed fram DEGREE AME of CEMETERY of	20A., 20A., while	21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	URY OCCUR?	OCF apinian dec	ath occurred an
MEDICAL CERTIFICATI	DISEASES OF THE UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR CO TIPPORT OF THE DEAT OF THE DEATH (notify) 21A. ACCIDEN OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	osthenio, etc. plicotion whith NTECEDENT R CONDITION obove con CONDITION IL CANT CONDITION IL CANT CONDITION OPERATION IT WAS UND TING CAU medical exam (Month) (Do that (1) (this last sow that from the con RE MATION, 24B	Il meons It ch coused de la CAUSES ONS, if on puse (A) s N lost. TIONS CONTILLATED TO THE VEN IN PART 119B. CONDI WAS PERFO DIERLYING se hospitol) e deceased days stated WAN A R	y, giving the state of the stat	(B) DUE TO, OI (C)	20A., 20A., 20A., 3., in or obout 1, office bldg., White	21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 20 and the body after deoth. Med. Director RESS 50 6	20B. IF YES, W IN CERTIFYING (If in Bol URY OCCUR? 9 \$ 3 to of in(my) (aur) Staff Phys.	OCK apinian dec 238. DA 10 Pauc G (City, Iown,	ath occurred an ATE SIGNED

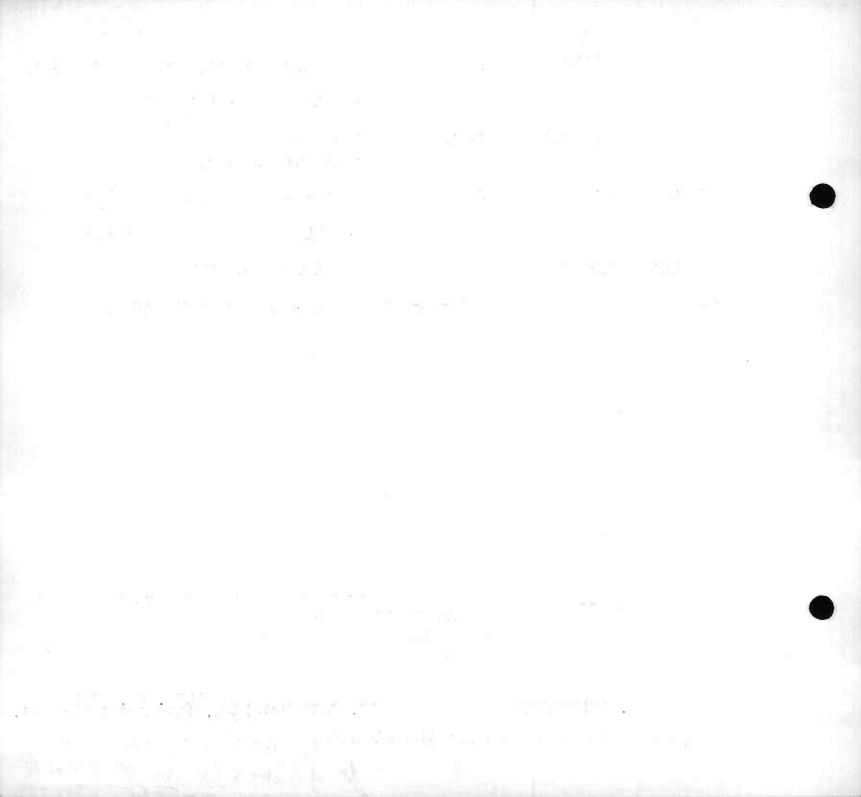




	1				HEALTH DEPARTME							
	-5-25 TH NO.		101	25 CERTIFICA			70750					
	AME OF DEC	L. VIA	giN	is Johnso	N	Oct. 10,1	970 M					
3.	PLACE IN BAL	TIMORE, MARYLAND, V	HERE PRO	NOUNCED DEAD		E (Where deceased lived. II COUNTY	f institution: residence before admission)					
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INS	STITUTION, GIVE STREET	Maryland 20-06 C. CITY OR TOWN D. INSIDE CITY LIMITS?							
6	00	2834 FA	PEdE	Rick Ave.	Baltimor		YES NO					
						ederick Aven						
5. 5	EX	6. RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.					
	Female	White	WIDOW	DIVORCED _	8-14-1880	90						
		working life, even if retired)	k 10B, KIND	OF BUSINESS OR INDUSTRY	Baltimor		12. CITIZEN OF WHAT COUNTRY					
13.	FATHER'S NA	ME			14. MOTHER'S MAID	EN NAME						
	(Tills anno	- Man										
15		S Tracey Ever in U. S. Armed Fo	·cas?	1 6. SOCIAL	Unkne	own	ADDRESS					
(Ye	, no or unknown	(If yes, give wor or date	es of service			Johnson 283	34 Frederick Ave.					
ATION	DISEASES Orise to the UNDERLYING	LEADING TO DEATH not mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last, IL ICANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA	any, giv stating	A CONSEQUENCE OF:	r Cerros eles	osis l'years						
ERTIFIC/		OPERATION 198. CON	DITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
CAL CER	21 A. ACCIDER OR CONTRIBL DEATH (notify	NT WAS UNDERLYING [JTING CAUSE OF medicol exominer)	-	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE INJURY OCC	DID (If in Boltin	more City, give exoct location)					
Dig	21D.TIME	(Month) (Doy) (Year)	(Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
Ž	(APPROX.)			While At Not While Work At Work	White							
	22. I certify	that (I) (this hospita	l) attende	ed the deceased fram	13	19 60 ta	O O CT 1970					
	that (1) (we) last saw the deceased alive an Dec 1967 and that in(my) (ow) apinion death accurred an the date											
	and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.											
	23A. SIGNATURE 23B. DATE SIGNED											
	Attending Med. Stoff Director Phys.											
	23 C. PHYSICIA	N°S	1	DEGREE	23D. ADDRESS		October 13, 1970					
	Wilme		r. Jr	M.D.	St. Agnes M	led. Center #30	00, Balto. Md. 21229					
24/	BURIAL CRE			DEGREE		24D. LOCATION	(City, town, or county) (Stote)					
	REMOVAL (Specify)										
	Buria			Good Shephe		Howard Cou	inty Maryland					
25/	DATE REC'D	BY HEALTH DEPT.	ZSB. NAN	AE OF REGISTRAR	25C, FUNERAL DI							
	UG1 15	19/1 JaBe 8	E dail	See Acres	(G) Triumai	n Schwab 351	12 Frederick Ave.					
VS	150-REV. 1/1/	6 B		· ····································								



-	1110					BALTIMORE CIT	Y HEALTH	DEPARTMENT			in o		
	RTH NO.		70	1012	6	CERTIFICA	ATE O	F DEATH	d REC	9. NO	70	1012	26
	Pe or Print)		LLER	ΜΔΥ	Н				OBER 12		70 .	11 0	- A
3.	KELLER, MAY H. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							L RESIDENCE (V	Where deceased	lived, If in	/ U	11,5	5 A.
FU H	ILL NAME OF DSPITAL OR STITUTION				I, GIVE STREET	A. STATE B. COUNTY MARYLAND BALTIMORE C. CITY OR TOWN A. STATE B. COUNTY MARYLAND BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS?							
1	40	ST.	AGNE	S H05	SPITA	AL	BALTIMORE YES NO						
5. 5	SEX 16	RACE		7				41 GRIFF					
	EMALE	WHI		WIDOW	ED X	EVER MARRIED DIVORCED	07-	- 19-92	9. AGE (In lost birthdoy	78	If Under Months	Doys Hours	der 24 Hr Min.
AO1	e steering most of we	ATION (Give	kind of worl	108, KIND	OF BUSI	NESS OR INDUSTRY	11. BIRTH	PLACE (Stole or	foreign country)		12. CITIZ	EN OF WHAT	COUNT
-	Housewife of to					wed	MA	ARYLAND			1 11	.S.A.	
13.	3. FATHER'S NAME						14. MOTHER'S MAIDEN NAME						
	WILLIAM	4 CLE	MENS							110			
5.	5. Was Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service)				16.5	OCIAL	MARY MC CONVILLE					ADDRESS	
N		t yes, give	wor or dote	s of servic		13-54-191		ST. AGNE	S HOSP	ITAL			
	18. 4 7 7	. 61				CAUSE OF DEAT					TEGG	APPROXIMATE	INTERVAL
	DISEASE OR CONDITION DIRECTLY								1		86	ETWEEN ONSET	AND DEAT
	LI	EADING TO	DEATH			(A) IMMEDIATE CAI	JSE C	Pongestive	e heart	taile	in	50	ls.
	(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease,							UENCE OF:		*******		************	
	injury or compl	icalian whi	ch caused	death.)	30,								
	AA AA	TECEDENT	CAUSES			4-3							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS							QUENCE OF:				************	
	rise to the	obove co	use (A)	sloting t	he								
UNDERLYING CONDITION last, (C)											***************		
CERTIFICATION	OTHER SIGNIFIC	RIIT NOT PE	ATED TO TH	AE TERMINIA	G								
5	DISEASE OR CON	IDITION GIV	EN IN PAR	[1 /A].		OPERATION	120 A A	HTOREY2 (Voc. co.	Nell 200 IF Ve				
ERTIF	2,	I ERAIIOI	WAS PERF	ORMED	K WINIGH	OFEKATION	20A. A	UTOPSY? (Yes or	IN CERTIF	S WERE FI	SES OF DI	EATH?	
ZA CA	OR CONTRIBUTING CAUSE OF home, form, focto						n or obout a	NJURY OCCUR	(18 s	n B ol timore	City, give	exoct locotion)	
MEDI	21D. TIME (/	Month) (Do	y) (Yeor)			RY OCCURRED	2	21F. HOW DID I	NJURY OCCUR	?			
3	(APPROX)					Not While							
	WORK AT WORK												
						CTOBER 1							9_70
	that (X) (we) la								that In (my) (our) opini	ion death	occurred or	n the da
	and hour and from the causes stated above. (N (We) (did) (Md)(0) view the body after death.												
	23A. SIGNATURE						ading T Med T Shift T						
	OF CASE P						ending Med. Staff 10//2/70						
	23C. PHYSICIAN)	1.7.7.	10.110			BALTO, MD, 21229						
44	BURIAL CREAT	S. CH	TTTCH		NAME	DEGREE	ST.A		SPITAL.	WILKI	ENS &	CATO	VAVI
400	REMOVAL (Spe	cify) 248.) - 16 -		2 1	CEMETERY OF CRE	3		LOCATION		town, or		(Stote)
	BURIAL	11 (7 1 (1 12 1 1			£ 4.00	Ch. I	101-				
_		1		1	EDA		EMET	ERY J	BAltim	ORE .	MAR	MAND	
5A.	OCT 15	HEALTH A		25B. NAM	_		25C/F	NERAL DIRECTO	The same of the sa	ORE,	MAR 90	ADDIES	ns A



IMPORTAN

DIRECTOR:

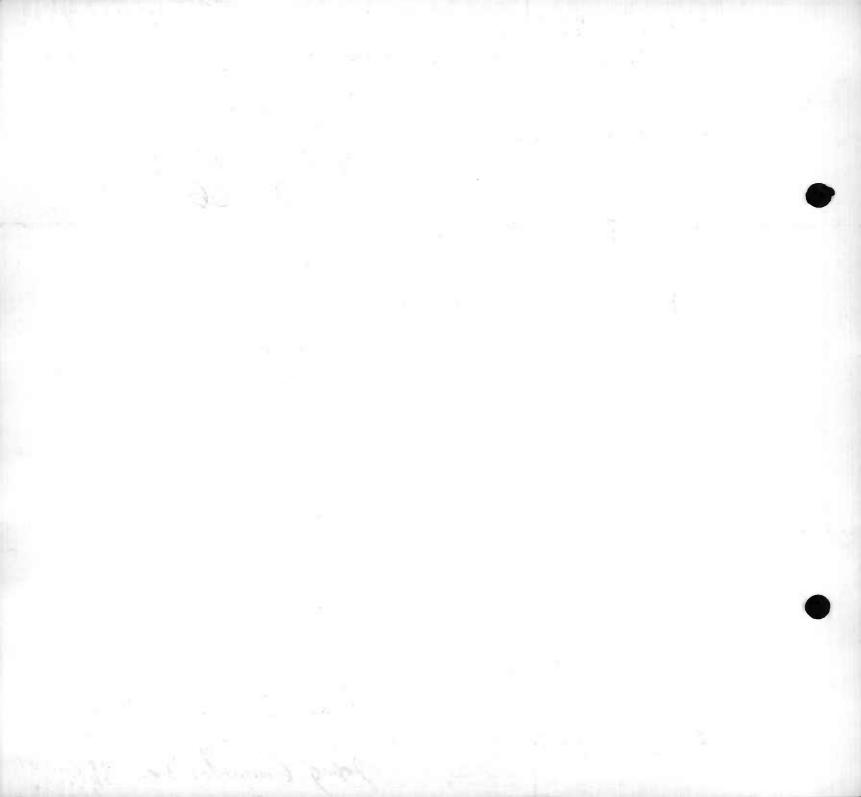
FUNERAL

VS 150-REV, 1/1/68

NO

Hours Min.

(Stote)



IMPORTANT

FUNERAL DIRECTOR:

1. 20	^		BALTIMORE CITY	HEALTH DEPARTMEN	IT	PIO 4 - 4 -	0
BIRTH NO.	70	10128	CERTIFICA	TE OF DEAT	H REG. NO	70 1012	8
I. NAME OF DE					E AND HOUR OF DEAT		
(Type or Print)	DITCH. E	I I TARE	TH PEARL		CTOBER 13,		EO P
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution residence hele	
				1 21 VIE	JUNII		
HOSPITAL OR	F (IF NOT IN HOSP ADDRESS OR LOG	ITAL OR INSTITU CATION)	JTION, GIVE STREET	MARYLAND	ANNE ARUND	EL 32. 21	061
INSTITUTION		HOSPITA		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	
LIA	CATON & V			GLEN BURN	IE	YES NO	XX
10				E. STREET AND NUMB			
5. SEX	BALTIMORE			100 GOVER	NERS COURT		
J. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If I Months! Doys Hau	Under 24 Hrs.
FEMALE	WHITE	WIDOWED		03/01/10	1 60	1.00	3 IVIII.
10A, USUAL OCO	CUPATION (Give kind of wo f working life, even if retired)	rk 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole o	r lareign country)	12. CITIZEN OF WHA	AT COUNTRY
SALES			TMENT STORE	PENNSYLV	ΔΝΙΔ	U.S.A.	•
13. FATHER'S NA		DELVIV	THENT STOKE			0,5,7,	
				14. MOTHER'S MAIDEN	NAME		
GEORGE	HUBER			MARGARET			
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed Fo	rces? les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ALTO MD 212	29 ADDRESS	
1 No			220-24-4133		ECORDS CATO	DN & WILKEN	SAVES
18.	No. CO.		CAUSE OF DEATH		EGONDO GATE		
DISEA	SE OR CONDITION D	INFORT W	CHOCK OF DEATH	0 0	0 0	BETWEEN ONS	TE INTERVAL ET AND DEATH
01327	LEADING TO DEATH			Kenhar ad	See Prily	40	
(This daes	not meen the mode o	f dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	1 mg laula	vc,	***************************************
hearl failure,	, oslhenia, elc. Il meon: mplication which cause	s the disease	DUE TO, OR AS A	CONSEQUENCE OF:	. ()	1	
	ANTECEDENT CAUSE		(ma	land !	lobota tir	· (A.	
			(B)	resalvar n	corda-cric		
DISEASES	OR CONDITIONS, if to bave cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************	***********
UNDERLYIN	G CONDITION Just	siding ine	(c)	A	wer.		
-	11		(-/				
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING					
TO THE DEA	TH BUT NOT RELATED TO SONDITION GIVEN IN PA	THE TERMINAL	+851/4/10 10 00 00 10 10 10 10 10 10 10 10 10 1	*******************************			
OTHER SIGNI TO THE DEA DISEASE OR O	F OPERATION 198. COM	NOITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	Nol 208 IF YES WERE	FINDINGS CONSIDERED	7
	WAS PER	RFORMED		NO	IN CERTIFYING CA	FINDINGS CONSIDERED	,
U 21A. ACCIDE	NT WAS UNDERLYING	218,	PLACE OF INJURY (e.g., in		D //f in Reliance	ire City, give exact location	-1
DEATH (notify	UTING CAUSE OF medical exominer	home	PLACE OF INJURY (e.g., in , form, foctory, street, offi	ce bldg., INJURY OCCU	in in pound	ire City, give exact locatio	nj
O 21D. TIME							
S OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		While	Not While				
22. I certify	that () (this hospita	I) attended the		TORED E	197.0taOCT	TOPED 12	70
	last saw the decease			70 70			.19/
				19/ Uone	that in (mix) (our) api	Inlon death occurred	an the date
23A. SIGNATU	d ram the causes sta	ted abaye. (X)	(Me) (AII4) (外状分析 vi	ew the bady after dea	th.		
23A. 310NAT	174 (/ 1)	1/6				23B. DATE SIGNED	
	Iway will	iax 5	DE GREE Phys.	ding Med. Director	Staff Phys. XX	10/13/7	0
23C. AHYSIGH	WS CILID	TO AL	DEGREE	D. ADDRESS BAL	TO MD 21229		
	CLUK	万少田	//				AVEC
4A. BURIAL CRE	MATION, 24B, DATE	24C NA	ME of CEMETERY OF CREA	AGNES HOS			AVES
REMOVAL	Specify)	240,146	THE ST CENTERED OF CKEN	24E		ity, town, or county)	(Stole)
Buriel	10/16/		Haven Mem Pk		Glen Burnie,	Md, AA Co	Md
DA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS	24.2/
OCT 15	TUM Walland E	Jaben	KAU U U	VIA (Seller	Feet. 737-	Katarew.	and
/S 150-PEV 1/1/	40			1111			1/1/

this life, he are a second training report some

ВІ	M-24	10 70	101			E OF DEAT		· 20	1012	9
1.	NAME OF DECE	onald E	m	Caules		2. DAT	E AND HOUR OF D	EATH	728	Α.,
Ft	PLACE IN BALT ULL MARKET OSPITAL OR ISTITUTION	MORE, MARYLAND, LIE NOT INCHOSA ADDRESS OR LO			Reer	4. USUAL RESIDENCE A. STATE Delawar C. CITY OR TOWN	e	/	1-07	odmissian)
7	0	nns Hopkir		10-1)-1		Bridgev E. STREET AND NUMB	ille	YES]
						315 Del	aware Ave	nue		
	Male	White	WIDOW		CED	9/22/28	9. AGE (In year lost birthdoy)	42 If Un	der 1 Yr. If Unis Doys Hours	der 24 Hrs. Min.
do	A. USUAL OCCUI	PATION (Give kind of wo orking life, even if retired)	IND KIND	OF BUSINESS OR I	NDUSTRY 1	. BIRTHPLACE (State of	loreign country)	12. C	TIZEN OF WHAT	COUNTRY
	Carpenter			struction		Delawar	'e		U.S.A.	
13.	FATHER'S NAM Ear.	r l McCauley	7	III =	14	Lula Lula	name Tucker			
15. (Ye		ver in U. S. Armed Fo	rces? es of servic		10.	· INFORMANT		315 De	124 PPRES AV	6
L	Yes 18.// 2 /	1955-1959		221-07-2	-	Erma V. Mc	Cauley	Bridge	ville, Del	
	DISEASE L (This does natheart failure, a injury or camp) At	OR CONDITION D EADING TO DEATH I mean the mode o sihenio, etc. II mean: lication which cause: NTECEDENT CAUSE: CONDITIONS, if abave cause (A)	dying, e, s the diseast death.)	g., (A) IMMEI DUE T		CARDIC	MYOP	ATHY	APPROXIMATE BETWEEN ONSET 3 460	AND DEATH
	UNDERLYING	CONDITION last.	slaling I	(C)		***************************************		***************	*************	
ATION	ITO THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO NOTION GIVEN IN PA	WE TERMINA	G	*************			************		f
CERTIFICATION	19A. DATE OF C	PERATION 198 CON	FORMED	R WHICH OPERATION	ON	PARTIAL	IN CERTIFYING	VERE FINDING	S CONSIDERED DEATH?	
MEDICAL C	DEATH (nofily m	T I	0	1B. PLACE OF INJU ome, form, foctory, tc.)	RY (e.g., in o sireet, office	r about 21C. WHERE DI	D #8 1 - D	llimare City, gl	ive exact location)	
MED	OF INJURY (APPROX.)	Manth) (Day) (Yeat)	\	TE INJURY OCCUP While At Vork	Not While E	21F. HOW DID	INJURY OCCUR?			
	22. 1 certify th	at (1) (This hospit a) attended	the deceased fro	am	10-6	19 70 to	101	/3 10	20_
	that (1) (we) 10	ist saw the decease	d alive ar	10/13	727A	m1970 and	that In(my) (our	apinian de		
	and haur and f	ram the causes sta	ted abave.	(I) (We) (did) (dt	d not) viev	v the bady after dea	th.			
	Juyl	nm Lon	, ,	MI)	Attendi Phys.	Med. Director	Staff Phys.		113/1970)
	PHYSICIAN NAME (Type	Trexler N	I. Top	,	M.D. 23D	The John	s Hopkins	Hospi	tal	
24A	REMOVAL (Spe	ATION, 248. DATE	24C.	NAME of CEMETER	Y of CREMA	TORY 24E	LOCATION	(City, town,	or county)	(State)
25.6	Burial	10-16-		idgeville	Cemete		Bridgeville	- Susa		
C	1 1 5 1970	Robert E. J.	Bey A	OF REGISTRAR	00	25c. UNERAL DIRECT	Haretely	111	ADDRESS OCCULLE	DEL.
VS	150-REV. 1/1/68									

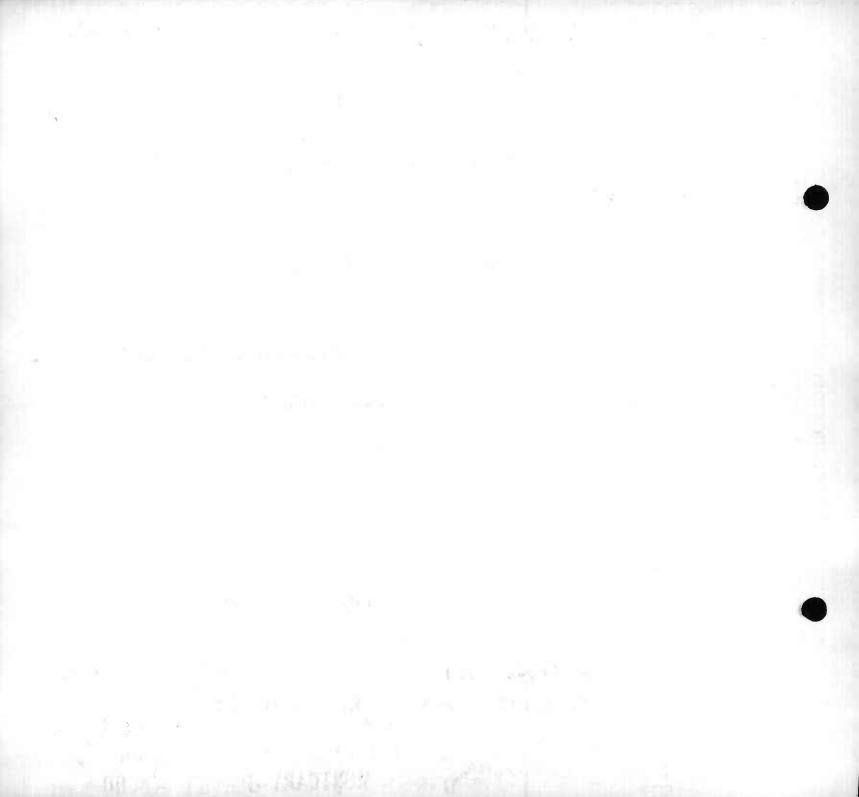
Telephone information from Funeral Director in Bridgeville, Dela. 10-15-70 M.H.

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

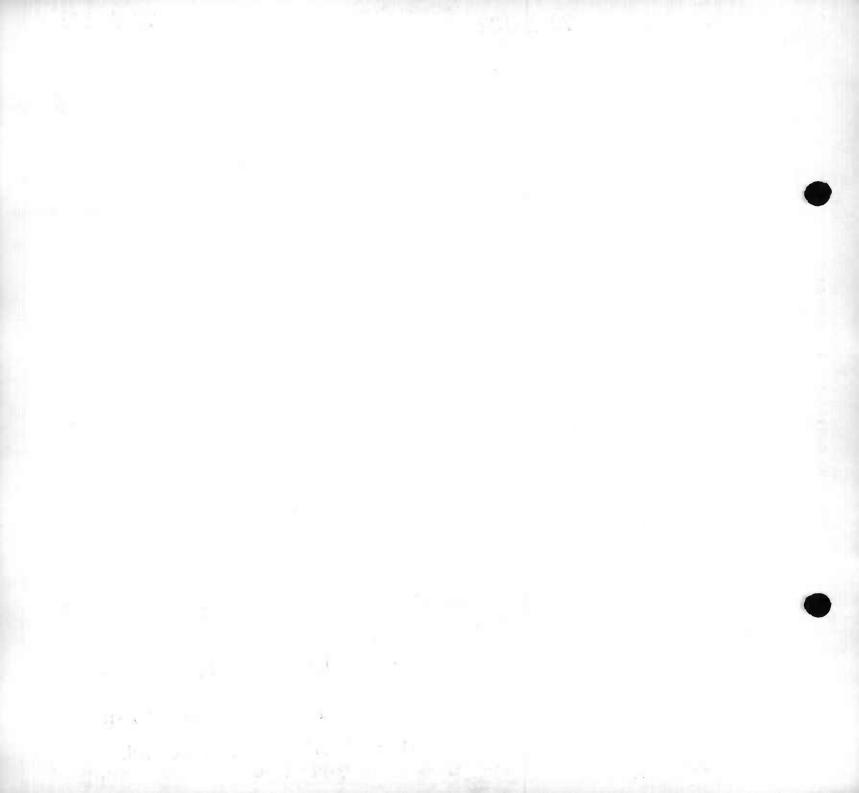


ide in the second secon

IMPORTANT

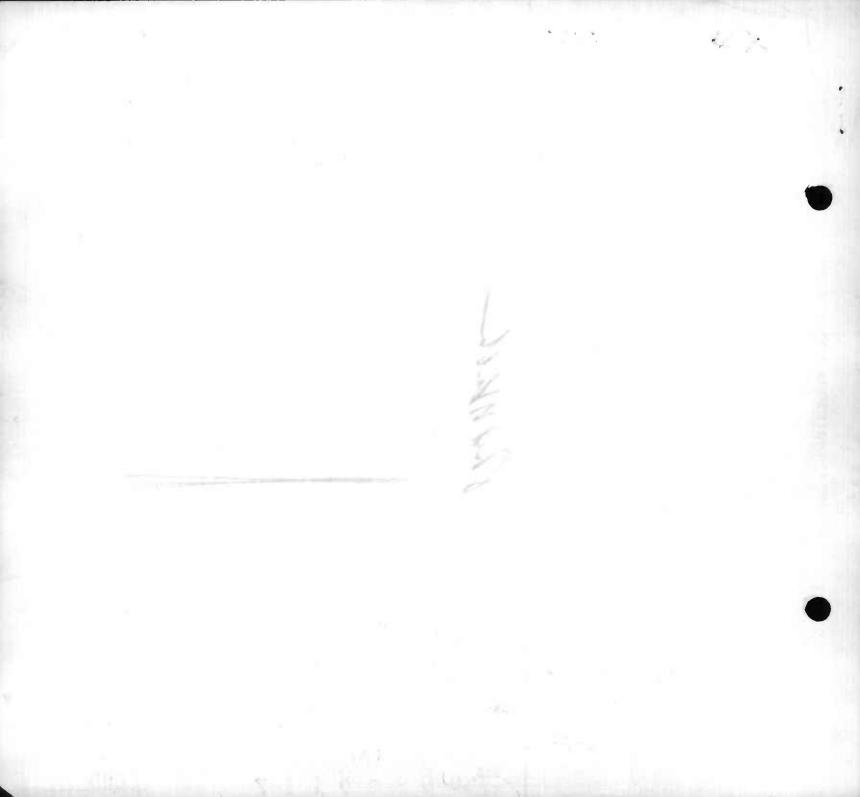
FUNERAL DIRECTOR:

0 11/2 20 1		HEALTH DEPARTMENT	my	10420
BIRTH NO. Cheverly 70 101	32 CERTIFICA	TE OF DEATH	REG. NO.	10132
1. NAME OF DECEASED	10		D HOUR OF DEATH	
Kobert Canal		10-	10-70	10: 20 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	DNOUNCED DEAD	IN SINIE BE COOK	II A	nn: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	nd.	Riverale 15	TY LIMITS?
110 6: 1 11	2	Riverdale	YES	□ NO □
42 Sinai Hospital		E. STREET AND NUMBER 5424 -	55 pl.	
5. SEX 6. RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH		nder 1 Yr. II Under 24 Hrs. ths Days Hours Min.
M WIDON		3-19-70	/	1 - 1 1
10A. USUAL OCCUPATION (Give kind of work 108, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of loreis		CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		U.S. A	· Cheverly not	4.5:A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE /	
Vincent		charlo He	• ,	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of servi	ce) 16. SOCIAL	17. INFORMANT		ADDRESS
	SECORITI NO.	Choyan 7.	lee Sina	in Hospital
18> // -> ()	CAUSE OF DEAT	Keyan 1-	Lee STALL	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	OKOGE OF DEAT	. 0		BETWEEN ONSET AND DEATH
LEADING TO DEATH		Can in li	0/-	- 0
(This does not mean the made of dying,	e.g., (A)IMMEDIATE CAU	A CONSEQUENCE OF	pleunonia	3 Ly. 20 min
heart failure, astheria, etc. It means the dise injury ar camplication which caused death.)	ase,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES		1 - 10		
		A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating	ring DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL			
19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A AUTOPSY? (Yes or No)	208, IF YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	or obout 21 C. WHERE DID	(If In Baltimore City,	give exact location)
DEATH (notify medical examined	home, lorm, loctory, street, of	ice bidg., INJURY OCCUR?		
O 21D-TIME (Month) (Day) (Year) (Hourt	21E INJURY OCCURRED	21F. HOW DID INJU	BY OCCUM	
2 of marks	While Al Not While		KT OCCOR!	
(APPROX)	WOIK - AT WOIK			
22. I certify that (1) (this hospital) attended	d the deceased from	19		19
that (i) (we) last saw the deceased alive of	on	19and the	t in(mv) (aur) apinion d	enth accurred on the date
and haur and from the causes stated above	(I) (Wa) (did) (did not) w	law the hade after death		
23A. SIGNATURE	or to the total tala liai, v	tem the body diter death.	1228 F	DATE SIGNED
1 1 0	Atte	nding Med. S	leff 🗆	
CLOYAN T. Lee,		Director L. P	hys. Let	0-10-70
NAME (Type)		23 D. ADDRESS	0 (0	
CHOYAN T. LEC		ATONYFROUNT	tospital	4 3/5
PERADVAL (Sponiful	NAME OF CEMETERY AND	MAIORITI DUANG	PATION MARRY IN	p (hty) (Stote)
10-14-70	2747	WERCIMY STOR	10.11	
	AE OF REGISTRAR	LY EN LANDING	HUAL SCHOOL	ADDRESS -
UCI 15 HAU VASON ET YOUR	AE OF REGISTRAR	O WANTED IN	7 CPRTHAN	
'S 150-REV. 1/1/68		THE REAL PROPERTY.	SEKVICE	BCHD



150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



0	320	70 1	10134			E OF D		REG. NO	70	10134	
I. NAME	OF DECEASED		-040	2 CERTIFI	ICAI	LOID					
(Type or P	2-4	HARRY		SEIT	7.		100	ND HOUR OF DE		1	
3. PLACE	IN BALTIMORE MA	RYLAND, WHE	RE PRONOL	INCED DEAD	TI.	4. USUAL RESI	DENCE (Whe	13, 197	If institution:	residence befare a	dmission)
FULL NAI HOSPITAL	OR ADDRE	IN HOSPITAL	OR INSTITU	JTION, GIVE STREET	T	Maryla c. City or to	nd		INSIDE CITY	2-07	
. 1	I UNION	MEMOR	TAT	HOSPITAL		Baltim		١.	YES 3		
fortes	7	PilliniOjt	TUT	HOSPITAL		E. STREET AND		n St.			
s. sex mal	6. RACE	7.	MARRIED	NEVER MARRIED	D 8.	DATE OF BIR	тн	9. AGE (In years	If Und	er 1 Yr. If Unde	r 24 Hrs.
	Jacob		VIDOWED [Dec25,1	893	76	////	50/3	14/1110
OA, USUA Jone during	L OCCUPATION (Give most of working life, ex	e kind of work 10 en if relired)	B. KIND OF	BUSINESS OR INDI	USTRY 1	I. BIRTHPLACE	(Slote or fore	ign country)	12. CIT	ZEN OF WHAT	OUNTRY
Retir	red Mecha	nic				Penna	١.		1	J.S.A.	
3. FATHER	R'S NAME				14	MOTHER'S	MAIDEN NA	ME		J.D.R.	
	Jacob Se	itz				Cathe	rine	Sawn			
5. Wos De	eceased Ever in U. S inknown) (If yes, give	Armed Forces	f service)	16. SOCIAL SECURITY NO.	17	INFORMANT				ADDRESS	
Ye				180-0700	1529	Mrs I	lesna	H Seitz		Same	
18. //	6211			CAUSE OF E		PH 5 L	/Colla	n berta		APPROXIMATE IN	
1	DISEASE OR CON	DITION DIREC	TLY			4				BETWEEN ONSET A	ND DEATH
	LEADING 1			(A)IMMEDIAT	E CAUSE	Carcino	vna 07	lune o			
hearl	does nat mean the laiture, asthenia, et	. Il means the	disease.			ONSEQUENCE	OF:	1			******
injury	ar camplication wh	ich caused de	ath.I			11	to h	when a com	Al.		
	ANTECEDEN	T CAUSES		/p\		charch	10 /-	J. J. J. L.	Myra	2 /2.	
DISEA	SES OR CONDIT	IONS, il any	, giving	DUE TO, C	OR AS A	CONSEQUENC	E OF:	*** ***********			*******
	Ia the abave of		ling lhe	(c)							
	11			(0)		***********	************		*******************************	***************************************	
OTHER TO THE	SIGNIFICANT COND	TIONS CONTR	BUTING								
DISEAS	E OR CONDITION G	VEN IN PART 1	(A).	WICH OPERATION		120 A AUTORS	wa (Van an Ma	J 208 15 458 144			
0		WAS PERFOR	MED			20A. AUTOPS		IN CERTIFYING	CAUSES OF	S CONSIDERED DEATH?	
OR CO	CCIDENT WAS UNE NTRIBUTING CAL (natify medical exar	JSE OF	hame etc.)	PLACE OF INJURY (), form, factory, stre	(e.g., in a eet, alfro	e bldg., INJURY	OCCUR?	(If In Balt	imore City, give	ve exoct locotion)	
OF INJ	ME (Month) (D	oy) (Yeor) (H	1our) 21 E.	INJURY OCCURRED	0	21F. HC	OW DID INJ	URY OCCUR?			
(APPRO			While	e At Not	While [7					
22. 1	ertify that (I) (九)	entreament) of	1			ecember	3.	.62 Oct	tober 1	3	70
that (I) (46) last saw th	e deceased a	live on T	in or 25		10 7	70	17ta		19_	
								er in (my) - (evr)	apinian dea	th accurred an	the date
	our and fram the c	auses stated	above. (1)	(###) (did n	at) vie	w the bady a	fter death.		1000 0 11		
	S.	X GHS	2	DEGREE			ed. rector	Staff Phys.		0/14/70	
Z3C.PH	AME (Type) Dr.	E. WP.	Coffa	y, Jr.	1	3100 S	t. Pau	al St, B	alto.	Md.	
4A. BURIA	CREMATION, 24	A DATE	24C. NA	ME of CEMETERY o	CREM			CATION	(City, tawn,		(Stote)
Buri)/16/70	Bal	timore N	atio	nal	Ba	altimore	. Marv	rland	
	REC'D BY HEALTH	DEPT. 25	NAME OF	REGISTRAR		2SC. FUNERA	L DIRECTOR			ADDRESS	
DCT 1	6 1970 2	Ca. B. E. 36	R. A	2000	0	Deona	rå J&	Ruck. T	ncBa	lto, Md.	_17
(\$ 150-PE)	/ 1/1/49	190-191			<u>-</u>	1	- 30			200, P14	· _ T T

The second secon

24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

Syrian Sacred Heart Cem.

24D, LOCATION

25C, FUNERAL DIRECTOR

Leonard

(City, town, or county)

. Ruck, Inc. Balto. Md.

ADDRESS

Scranton. Pa.

(State)

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Sective)

VS 151-REV. 1/1/68

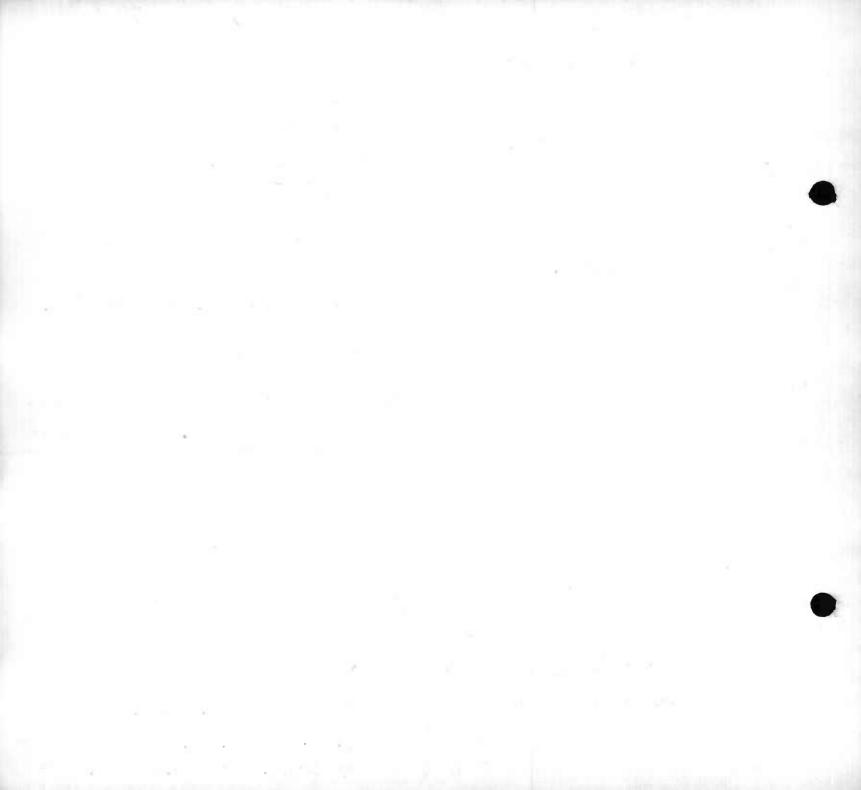
248. DATE

10

11/6/70 - Correction form from funeral director.

Afe.

VS 150-REV. 1/1/68

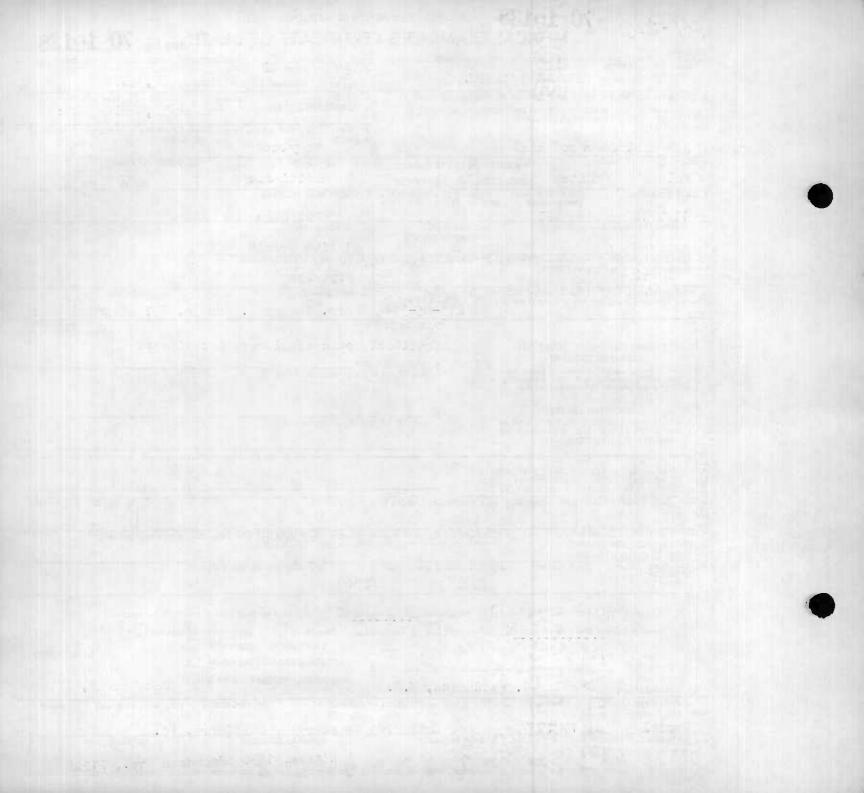


1	M-460	and with a	HEALTH DEPARTMENT	/	70 10137,
Bil	RTH NO. 70 101	37 CERTIFICA	TE OF DEATH	REG. NO	
	NAME OF DECEASED (pe or Print) MELLOR	. MARK		D HOUR OF DEATH	0.201
3.	PLACE IN BALTIMORE MARYLAND, WHER		4. USUAL RESIDENCE (Where	c deceased lived. If in	9:30A M. stitution: residence before admission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OF	OR INSTITUTION, GIVE STREET	MARYLAND,	BALTO (
m.	ST. AGNES HOSPITAL		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
10	WILKENS & CATON AVE		Catonsville		YES NO
	BALTIMORE MD. 21229	•		AVE	21228
5.	ery lands la	MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr If Under 24 Hrs.
L		DIVORCED DIVORCED	06-05-89	ast bighday)	Months Doys Hours Min.
dor	A. USUAL OCCUPATION (Give kind of work 108, ne during most of working life, even if refired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
	PAINTER	SELF EMP	MARYLAND		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1 E	
	ALBERT MELLOR.	DEC 'D	MARIAN HOGA	AN	DEC 'D
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no ar unknawn) (If yes, give wor ar dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	10/ . Mex	214-64 7562	ST. AGNES H	OSP.RECORD	ROOM
	DISEASE OR CONDITION DIRECT	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ALL DIAMEDIATE CALL	" Il Demios		
	IThis does not mean the made of dyin heart failure, asthenia, etc. It means the injury at camplication which caused dea	disease. DUE TO, OR AS	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	Chr	mic lisain	Syma	Irone
	DISEASES OR CONDITIONS, if any,	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	5//	
	nse to the abave cause (A) state UNDERLYING CONDITION last.	ing the (c) ter	minal, I	naume	nia
z	ll ll				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (A	RMINAL		200	
	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	INDINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, factory, street, olf etc.)		(If In Boltimare	City, give exact location)
	21D.TIME (Manth) (Doy) (Ycor) (Ho	The state of the s	21F. HOW DID INJU	RY OCCUR?	
×	(APPROX)	While At Not While At Work			
	22. I certify that *() (this hospital) att	ended the deceased from	10-10 19	70 to 10	0-14- 19/0
	that (X) (we) last sow the deceased of	lve on 10-14-	70		Ian death accurred an the date
	and hour ond from the causes stated a	bove. (X) (We) (did) (HKN) vi			
	23A. SIGNATURE	1 1.6			238. DATE SIGNED
	p. star	Attent Phys.	ding Med. S	haff hys.	10-14-70
	23C-PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	D MILIKI	THE C CATON
244	DR. SHAMS	OFGREE	ST. AGNES HOS	P WILKE	ENS & CATON
	REMOVAL (Specily)	24C. NAME of CEMETERY of CRE	MATORY 24D. LO	CATION (City	, tawn, ar county) (Statel
-manualization	Burial 10/17/70	St. Johns Cemete	ry Ell	icott City,	Md.
01	CT 16 1970 Poblic E. Val	Buy M.D. O	25c. FUNERAL DIRECTOR WITZKE, 1630 E		ADDRESS
VS	150-REV. 1/1/68				,,

2 %; (8 admin 5 The state of the state of na a 51 . jo mogćine, leto 1946.

-11-

MEDICAL EXAMINER'S C	
MEDICAL EXAMINATION OF	ERTIFICATE OF DEATH REG. NO. 70 10138
I. NAME OF DECEASED	
(Type or Print) THOMAS MC HALE	OF Stimuled [] October 15, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD October 15, 1970 10:00 A.M. 5. USUAL RESIDENCE (Where deceosed lived. # Institution: residence before odmission)
00 801 Stamford Road	A. STATE Maryland B. COUNTY 28-3/
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years 11 Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER
11/7/12 57 12 CITIZEN OF	801 Stamford Road
WHAT COUNTRY?	13. FATHER'S NAME
Maryland USA 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	William McHale
done during most of working life, even if relired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Mary Flynn 18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
no 215-05-3264	Mrs. Thomas E. McHale, 801 Stamford Road
7/2 41	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE C.	erotic cardiovascular disease
	S A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (9)	
(0)	S A CONSEQUENCE OF:
I IINDERIVING CONDITION LAST	
(c) (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED [21. AUTOPSY? (Yes or No)
0 2	Yes
□ UNDERLYING LOR CONTRIB.	n or about 22C, WHERE DID (if in Baltimore City, also exact location)
UTING LI CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WORK AT W	MHILE []
23.	
	opsy X and that on this basis, death in my opinion
resulted from: Natural causes K Accident Suicide	Homicide Undetermined manner
	2 CHIEF MEDICAL EXAMINER
SIGNATURE CLANS	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER October 15, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 11/19/70 New Cathedra	Cemetery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
OCT 16 1970 Pale E. Jally 42	Witzke, 1630 Edmondson Ave., 21228
VS 151-REV. 1/1/68	



THE INFO CERTIFICATE OF DEATH REG. NO. INJURY OF ROCK AS AD IN CASE OF DEATH REG. NO. IN SIDE CITY OF DEATH REG. N	T n=1 ma	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 10139
S. FLACE IN BALTIMORE MARILAND, WHERE PRONOUNCED DEAD BULL NAME OF ADDRESS OF LOCATIONS S. FLACE IN BALTIMORE MARILAND, WHERE PRONOUNCED DEAD BULL NAME OF ADDRESS OF LOCATIONS G. STATE G. STATE G. STACE FEMALE WHITE INDOWNED G. STATE WHOOWED DIVORCED ATTION ATTION ATTION ATTION BALTIMORE S. STATE	6-35/ 10	10103 CERTIFICA	ATE OF DEATH REG. NO	1.0 40%
CTOBER 13, 1970 S. 30 A. M.		OEK THEO		
S. PLACE IN BALTIMORE, MARYLAND GIR DOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION 6.317 PARK HEIGHTS AVENUE 6.318 PARK HEIGHTS AVENUE 6.318 PARK HEIGHTS AVENUE 6.319 PARK HEIGHTS AVENUE 6.310 PARK HEIGHTS AVENUE 6.310 PARK HEIGHTS AVENUE 6.310 PARK HEIGHTS AVENUE 6.317 PARK HEIGHTS AVENUE 6.318 PARK HEIGHTS AVENUE 6.318 PARK HEIGHTS AVENUE 6.319 PARK HEIGHTS AVENUE 6.319 PARK HEIGHTS AVENUE 6.319 PARK HEIGHTS AVENUE 6.319 PARK HEIGHTS AVENUE 6.310 PARK HEIGHTS AVENUE 6.310 PARK HEIGHTS AVENUE 6.310 PARK HEIGHTS AVENUE 6.317 PARK HEIGHTS AVENUE 6.318 PARK HEIGHTS AVENUE 6.318 PARK HEIGHTS AVENUE 6.319 PARK HEIGHTS AVENUE 6.319 PARK HEIGHTS AVENUE 6.319 PARK HEIGHTS AVENUE 6.319 PARK HEIGHTS AVENUE 6.310 PARK HEIGHTS AVENUE 6.310 PARK HEIGHTS AVENUE 6.310 PARK HEIGHTS AVENUE 6.317 PARK HEIGHTS AVENUE 6.318 PARK HEIGHTS AVENUE 6.318 PARK HEIGHTS AVENUE 6.319 PARK HEIGHTS AVENUE	(Tune or Brief)	CMBERG		
### ACOUNTY #### ACOUNTY #### ACOUNTY #### ACOUNTY #### ACOUNTY #### ACOUNTY #### ACOUNTY ##### ACOUNTY ##### ACOUNTY ####################################				
ROUTH ALOR ADDRESS OR LOCATION 6317 PARK HEIGHTS AVENUE			A. STATE B. COUNTY	27 1/A
6317 PARK HEIGHTS AVENUE Continue Conti	HOSPITAL OR ADDRESS OR LOCA	ATION)	C CITY OR TOWN	SIDE CITY LIMITS?
S. SEX S. RACE FEMALE WHTTE WIDOWED A DATO 9 SIRTH FEMALE FOR JULY A COLUMNON TO FEMALE FOR JULY A COLUMNON THE AND SIRTH SIX BELLOW TO FEMALE AND SIX DEPARTMENT OF THE SIX BELLOW AND THE STREET AND NUMBER 6.317 PARK HEIGHTS AVENUE S. SEX FEMALE FEMALE FEMALE FEMALE FEMALE FOR JULY 20, AUTOMOTO SIX BELLOW AND SIX BELLOW FOR JULY 20, AUTOMOTO SIX BELLOW AND SIX BELLOW FEMALE FEMALE FEMALE FOR JULY 20, AUTOMOTO SIX BELLOW AND SIX BELLOW FOR JULY 20, AUTOMOTO SIX BELLOW AND HERS MAND NATHAN GUTMAN NATH				
5. SEX S. RACE PARK S. DEVER MARRIED S. DATE OF RITH S. AGE (ID. years Months) Gyr's House Main, Main, Main Months Gyr's House Main, Mai	6317 PARK HEIGHTS	AVENUE		123 140 1
FEMALE WHITE UNDOWED NOONEED APRIL 28, 1877 93 UNDOWED NOONEED APRIL 28, 1877 93 UNDOWED NOONEED APRIL 28, 1877 93 IOA USUAL OCCUPATIONIGIVE kind of working lift, worn if reduced to working lift, worn, worn in the dotted to work in the produced to work in the produced to work in the lift lift lift lift lift lift lift lift	00		6317 PARK HEIGHTS AVI	
TEMALE WILLE WILL WILLE WILLE WILL WIL	5. SEX 6. RACE	7. MARRIED NEVER MARRIED		Months Doys Hours Min.
IAD JUSTAL OCCUPATION Give hind of weatilos. KIND OF BUSINESS OR INDUSTRY 1. BIRTHACE (Sate or foreign country) 12, CITIZEN OF WHAT COUNTRY 12, CITIZEN OF WHAT COUNTRY 13, FATHER'S MANDE 14. MOTHER'S MADDEN NAME 15, FATHER'S MANDE 14. MOTHER'S MADDEN NAME 15, FREEDERICKA WEIL 15, FREEDERICKA WEIL 15, FREEDERICKA WEIL 15, SOCIAL 17, INFORMANT 15, WEIL SECURITY NO. 16, SOCIAL 17, INFORMANT 17	FEMALE WHITE	WIDOWED N DIVORCED		
HOUSEWIFE AT HOME BALTIMORE, MARYLAND USA 13. FATHER'S NAME NATHAN GUTMAN 14. MOTHER'S MAIDEN NAME FREDERICKA WEIL 15. Wes Deceased Ever in U. S. Armed Forces? (**SENDIO divisional*) [If yes, pere were of dose of service) NO MR. GERSON G. EISENBERG, 7940 STEVENSON RD. APPROXIMATE INTERVAL APPROXIMA		10B. KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
NATHAN GUTMAN 13. Wan Deceased Ever in U. S. Armed Forces? (Ves.no or unknown) (If yes, give wor of doles of service) NO 16. SOCIAL SECURITY NO. NR. GERSON G. EISENBERG, 7940 STEVENSON RD. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard foilure, eisthenic, etc., It means the disease, injury or complication which coused desth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving inse to the obove occurse (A) stelling the UNDERLYING CONDITION IOSL. CONTROLLED TO FERSION OF REPORT OF THE CONDITION SONTRIBUTING TO THE FEMILIAN TO THE FEMILI		AT HOME		USA
1. SOCIAL SECURITY NO. 1. SOCIAL SECURITY NO. 1. SOCIAL SECURITY NO. 1. SOCIAL SECURITY NO. MR. GERSON G. EISENBERG, 7940 STEVENSON RD. 1. SOCIAL SECURITY NO. MR. GERSON G. EISENBERG, 7940 STEVENSON RD. 1. SOCIAL SECURITY NO. MR. GERSON G. EISENBERG, 7940 STEVENSON RD. 1. SOCIAL SECURITY NO. MR. GERSON G. EISENBERG, 7940 STEVENSON RD. 1. SOCIAL SECURITY NO. MR. GERSON G. EISENBERG, 7940 STEVENSON RD. 1. SOCIAL SECURITY NO. 1. SOCIAL SECURITY NO. MR. GERSON G. EISENBERG, 7940 STEVENSON RD. 1. SOCIAL SECURITY NO. 1. SOCIAL 1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Real Control Security No. Secu			FREDERICKA WEIL	
MR. GERSON G. EISENBERG, 7940 STEVENSON RD. NO	15. Was Deceased Ever in U. S. Armed Fore (Yes, no or unknown) (If yes, give wor or date:		17. INFORMANT	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart fedium, estember of the mode of dying, e.g., heart fedium, estember of the mode of dying, e.g., heart fedium, estember of the mode of dying, e.g., injury or complication which coused death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLING CONDITION lost. (C) OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED VIOLETCO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mede of dying, e.g., heart feiture, estheria, ict. Il meens the diseose, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLINING CONDITIONS CONTRIBUTING TO THE PROPERTIES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT IN PRELIATE TO THE REMINAL DISEASE OR CONDITION GIVEN IN PART I. IA. 1904. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID OR TOWN FROM THE COURT OF INJURY OCCUR? OR CONTRIBUTING (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED Work AI WOR	18. 4/2,31	CAUSE OF DEA	TH D	
(This daes not mean the mode of dying, e.g., heart foliure, oshemic, etc., Il means the diseases, injury of complication which coused deshib.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANI CONDITION lost. OTHER SIGNIFICANI CONDITION No. CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART! (A). OTHER SIGNIFICANI CONDITION FOR WHICH OPERATION OF INJURY OF INJURY OCCUR? OTHER SIGNIFICANI CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART! (A). OTHER SIGNIFICANI CONDITION FOR WHICH OPERATION OTHER SIGNIFICANI CONDITION SCONTRIBUTING CONSIDERED MAS PERFORMED OTHER SIGNIFICANI CONDITION SCONTRIBUTION GIVEN IN PART! (A). OTHER SIGNIFICANI CONDITION IS CONTRIBUTION GIVEN IN PART! (A). OTHER SIGNIFICANI CONDITION IS CONTRIBUTION GIVEN IN PART! (A). OTHER SIGNIFICANI CONDITION IS CONTRIBUTION GIVEN IN PART! (A). OTHER SIGNIFICANI CONDITION IS CONTRIBUTION GIVEN IN PART! (A). OTHER SIGNIFICANI CONDITION IS CONTRIBUTION GIVEN IN PART! (A). OTHER SIGNIFICANI CONDITION IS CONTRIBUTION GIVEN IN PART! (A). OTHER SIGNIFICANI CONDITION IS CONTRIBUTION GIVEN IN PART! (A). OTHER SIGNIFICANI CONDITION IS CONTRIBUTION GIVEN IN PART! (A). OTHER SIGNIFICANI CONTRIBUTION GIVEN IN PART! (A).		RECTLY		/1
Continued Cont	LEADING TO DEATH	(A) IMMEDIATE VA	Joseph Helper Souther Illa	V
injury or complication which coused deeth.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED OF INJURY (e.g., in or obout 21 C. WHERE DID IN CERTIFFING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED DEATH (notify medical examines) etc.) 22 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED DEATH (notify medical examines) etc.) 23 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED DEATH (notify medical examines) etc.) 24 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED DEATH (notify medical examines) etc.) 25 PAYSICIAN'S (A) GRANTURE (E) AND THE EAST OF DEATH (NOTIFIED DEATH (notify medical examines) etc.) 26 DECEMBER (Phys.) 27 D. ADAPTES (INJURY OCCURRED DECEMBER) (III) (Was (A) (III) (Was (A) (III) (Was (A) (III) (III) (Was (A) (III) (III) (Was (A) (III) (III) (III) (Was (A) (III)		dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	M ()
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. Other Significant Conditions Contributing To the terminal Disease or Condition of German (C). Other Significant Conditions Contributing To the Death But not related to the terminal Disease or Condition (Given in Part 1 (A). Other Death But not related to the terminal Disease or Condition (Given in Part 1 (A). Other Death But not related to the terminal Disease or Condition (Given in Part 1 (A). Other Death But not related to the terminal Disease or Condition (Given in Part 1 (A). Other Death But not related to the terminal Disease or Condition (Given in Part 1 (A). Other Death Hoofty medical examination (Given in Part 1 (A). Other Death Hoofty medical examination (Given in Part 1 (A). Other Death Hoofty medical examination (Given in Part 1 (A). Other Death Hoofty medical examination (Given in Part 1 (A). Other Death Hoofty medical examination (Given in Part 1 (A). Other Death Hoofty medical examination (Given in Part 1 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical examination (Given in Part 2 (A). Other Death Hoofty medical exa			aslasi	
nise to the obave cause (A) stating the UNDERLYING CONDITION last. (C) I OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 10 10 10 10 10 10 10 10	ANTECEDENT CAUSES			
nise to the obave cause (A) stating the UNDERLYING CONDITION last. (C) I OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 10 10 10 10 10 10 10 10		(B)	S A CONSEQUENCE OF	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 10 ALD DEATH OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg, injury OCCUR? DEATH (notify medical examiner) 21F. HOW DID INJURY OCCUR? 22FMYSICIAN'S NAME (Type) 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, RAMPYLAND 24B. DATE 24C. NAME of CEMETERY or CREMATORY BURIAL 10-14-70 BALTIMORE HEBREW BALTIMORE, MARYLAND			THE CONTRACTOR	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 194. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 197. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. DATE OF OPERATION 190. DATE OF OPER	UNDERLYING CONDITION last.	(c)	~~~~~	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.d.). 194. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 197. DATE OF OPERATION 197. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. DATE OF OPERATION 199. DECRETE OF INJURY (e.g., in or obout) 21C. WHERE DID 190. CONTRIBUTING CAUSES OF DEATH? 190. CONTRIBUTION CAUSES OF DEATH? 190. CONTRIBUTING CAUSES OF DEATH? 190. CONTRIBUTION CAUSE OF DEATH? 190. DATE STORM CAUSE OF DEATH? 190. CONTRIBUTION				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID N. CERTIFYING CAUSES OF DEATH? 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 22D. TIME (Month) (I) (we) last saw the deceosed olive on 2D. Autopsy? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21D. TIME (Month) (I) (We) last saw the deceosed olive on 2D. Autopsy? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21D. TIME (Month) (If in Boltimore City, give exact location) (If in Boltimore City, give exact locat	O OTHER SIGNIFICANT CONDITIONS CON			
1994. DATE OF OPERATION WAS PERFORMED 2019. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bidg., INJURY OCCUR? 210. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work	= 110 THE DEATH BUT NOT RELATED TO TH	T 1 (A)	***************************************	
218. PLACE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUSE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTION CITY CAUS	19A. DATE OF OPERATION 19B. CONI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, factory, street, office bldg, injury occur?	21A ACCIDENT WAS LINDERLYING	218 PLACE OF INTERVO	in or about 21 C WHERE DID	and City aire and I amend
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At Work At Work At Work At Work (APPROX.) 22. I certify that (I) (this hespitol) ottended the deceosed from 19 ta 19 ta 19 to 19 ta 19 to 19 t	OR CONTRIBUTING CAUSE OF	home, form, factory, street,	office bldg., INJURY OCCUR?	ore City, give exoct locotion)
OF INJURY (APPROX.) While At Not White 1 22. I certify that (I) (Mis hespitol) ottended the deceosed from 19 ta 19 that (I) (we) last saw the deceosed alive on 2 19 ond that in (my) (ever) opinion death occurred an the date and haur and from the causes stated above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Staff 10 13 / 10 23D. ADDRESS NAME (Type) LOUIS P. HAMBURGER, JR. 1001 ST. PAUL STREET 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 10-14-70 BALTIMORE HEBREW BALTIMORE, MARYLAND	DEATH (notify medical examiner)	etc.)		
22. I certify that (I) (this hespital) attended the deceased from		(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this bespitol) ottended the deceosed from 19 ta 19 long opinion deoth occurred an the dote on hot (I) (we) last saw the deceosed olive on 2 19 ond that in (my) (ever) opinion deoth occurred an the dote ond haur and from the causes stated above. (I) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE Attending Attendin	3			
hot (I) (we) last saw the deceosed clive on 2 19 ond that in (my) (ever) opinion decth occurred an the date and haur and from the causes stated above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending D Med. Director Phys. Director Director Phys. Director Director Phys. Director Director Phys. Director		Work LJ At Work		n 1
DEGREE Phys. 23D. ADDRESS 23D. ADDRESS 24D. LOCATION 24B. DATE 24E. NAME of CEMETERY or CREMATORY 24D. LOCATION City, town, or county) BURIAL 10-14-70 BALTIMORE HEBREW BALTIMORE, MARYLAND 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS 1001 ST. PAUL STREET 24D. LOCATION City, town, or county) (Stote) 24D. LOCATION City, town, or county) County 24D. LOCATION City, town, or county 24D. LOCATION City, town, or county County 24D. LOCATION City, town, or county 24D. LOC	22. I certify that (I) (this hespital) ottended the deceosed from	gears - 19 ta (20 13/19/0
DEGREE Phys. 23D. ADDRESS 23D. ADDRESS 24D. LOCATION 24B. DATE 24E. NAME of CEMETERY or CREMATORY 24D. LOCATION City, town, or county) BURIAL 10-14-70 BALTIMORE HEBREW BALTIMORE, MARYLAND 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS 1001 ST. PAUL STREET 24D. LOCATION City, town, or county) (Stote) 24D. LOCATION City, town, or county) County 24D. LOCATION City, town, or county 24D. LOCATION City, town, or county County 24D. LOCATION City, town, or county 24D. LOC	that (1) (we) last saw the decease	d olive on	19 7 ond that in (my) (our) or	oinion deoth occurred an the dote
Attending Phys. 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED 23D, ADDRESS 23D, ADDRESS 23D, ADDRESS 23D, ADDRESS 23D, ADDRESS 24D, BURIAL CREMATION, REMOVAL (Specify) 24B, DATE 24E, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Stote) BURIAL 10-14-70 BALTIMORE HEBREW BALTIMORE, MARYLAND	and hour and from the covers stat	ed above (I) (Well-did) (did not)		
Attending Med. Director Shoff Director		ed dbove: (1) (table total tion)	view the body offer deoff.	220 DATE SIGNED
DEGREE Phys. Director	Jan	W/ AH	rending FTT Med Swift FT	235. DATE SIGNED
LOUIS P. HAMBURGER, JR. 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 10-14-70 BALTIMORE HEBREW 1001 ST. PAUL STREET 24D. Location (City, town, or county) (Stote) BALTIMORE, MARYLAND	LUMA MALLA	all all DL		10/13/70
LOUIS P. HAMBURGER, JR. 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 10-14-70 BALTIMORE HEBREW 1001 ST. PAUL STREET 24D. LOCATION (City. town, or county) (Stote) BALTIMORE, MARYLAND	23 CYPMYSICIAN'S NAME (Type)		23 D. ADDRESS	4
BURIAL (Specify) BURIAL 10-14-70 BALTIMORE HEBREW 24D. LOCATION (City, town, or county) BALTIMORE, MARYLAND	LOUIS P.			
BURIAL 10-14-70 BALTIMORE HEBREW BALTIMORE, MARYLAND	24A. BURIAL CREMATION, 248, DATE			City, town, or county) (State)
DIE THORE, MARIEMED	REMOVAL (Specify)			
	BURIAL 10-14-7	O BALTIMORE HEBREN		ARYLAND
OCT 16 970 REISTERSTOWN ROAD	OCT 1 8 1970	25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS

V\$ 150-REV. 1/1/6B

AURITA 28, 1877 The state of the s 7 - 7t - CENTILESCH V - TOU

The property of the court of the party of th

6-111 -	BALTIMORE CITY	HEALTH DEPARTMENT		mo 4 od 10
		TE OF DEATH	REG. NO	70 10140
1. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
SAID S. CODINE	12	10/12/	00	1953 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE Where de	ceosed lived. If insti	itution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	C. CITY ON TOWN	Balla	53-00 E CITY LIMITS?
		15ALT IMOR		
GZOH IAMIC S		E. STREET AND NUMBER	PASKIN	VES NO NO APT. 20
S. SEX ALE 6. RACE HITE 7. MARRIED NET WIDOWED	DIVORCED	2/20/00	GE (In years birthdoy	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN done during most of working life, even if retired)	IESS OR INDUSTRE	11. BIRTAPLACE (Stole or foreign c	ounity)	12. CITIZEN OF WHAT COUNTRY
RETAIL SXKKSMX SALESMAI		BALTIMORE, MARYI	AND	USA
UNKNOWN		UNKNOWN		
15. Wos Deceosed Ever in U. S. Armed Forces? (Tes.no or unknown) (If yes, give wor or doles of service)	CURITY NO.	17. INFORMANT		ADDRESS
		MRS. MARJORIE GRIV	ER, 3654 P	ASKIN PL., APT. 201
DISEASE OR CONDITION DIRECTLY	(A) IMMEDIATE CAUS DUE TO, OR AS A	h 10	warding	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACUTE hrs
ANTECEDENT CAUSES	1 -			
	(8) (0)	shary artery	diseas	urs.
DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the UNDERLYING CONDITION last.	(C)	A CONSEQUENCE OF:		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************			
19A-DATE OF OPERATION 19B CONDITION FOR WHICH	OPERATION	20Å. AUTOPSY? (Yes or No.) 20E	L IF YES, WERE FIN CERTIFYING CAUSI	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home, form, etc.)	OF INJURY (e.g., in foctory, street, affic	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore C	ily, give exocl location)
21D.TIME (Month) (Doy) (Teor) (Hour) 21E, INJURY	T OCCURRED	21F. HOW DID INJURY	CCUR?	
(APPROX.) While AI	Not While			
22. I certify that (1) this hospital) attended the dece	At Work	60 / /20 10 17		1
that (1) (we) last saw the deceosed alive an	10/12	19 70 and that ign	(my) (aur) opinia	n deoth occurred on the dote
and hour pnot from the causes stated above. (1) (We)	(di) (die not) vie	w the bady ofter death.		
23A. SIGNATURE			23	B. DATE SIGNED
Han Droughers	Attend			10/12/20
23C. PHYSICIANS NAME Dydel	Phys.	D. ADDRESS Phys.	Life	10/12/0
NAME LYGE! NAS LASTED A	201	1	M_{\star}	_ / /
24A- BURIAL CREMATION 24B. DATE 124C. NAME 60	DEGREE	Juan	- NOT	P
REMOVAL (Specily)	CEMETERY OF CREM	ATORT 24D. LOCATI	ON (City,	wn or county) (Stote)
	R SINAI	OWINGS	MILLS, MAR	HAND
OCT 16 1970 Robert E. Jaker M. D.	JARO O (SOL LEVINSON & BI		
VS 150-REV. 1/1/68				

ER TERM MARKET M

AND THE RESERVE TH

PAGE A MANAGEMENT OF A SAME WAS THE

S-3/// MO 4 OF BALTIMORE CIT	TY HEALTH DEPARTMENT 70 10141
6-34/ BIRTH NO. 10141 CERTIFICA	ATE OF DEATH REG. NO.
I.NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
3 PLACE IN BATTAGES MARTINES. GO TTILES	OCTUBER 12,19701 6 20 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Sun Hospital of Baltimore /	
	5028 Peny baidse Avenue
5. SEX 6. RACE WHITE 7. MARRIED NEVER MARRIED	1 8, DATE OF BIRTH 19 AGE (In your 1) (C.L.)
FEMALE XXXXXX WIDOWED DIVORCED	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RUSSIA 25 A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ASHER SALZMAN	ROSA ?
5. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknown! (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 216-05-0315	MRS. FLORENCE LISS, 3909 BROOKHILL ROAD #15
18. 4/0,91 CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	USE (ARDOIO SENIC Shock hours
hearl latture, asthenia, etc. It means the disease	A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	condial Infraction hours
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
(0)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	15010
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	# SCVD.
19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	In or about 21 C. WHERE DID (If in Boltimare City, give exact location)
DEATH (notify medical examiner) home, form, factory, street, a	ince bidg, INJURY OCCUR?
21D-TIME (Month) (Dayl (Year) (Hour) 215 INTURY OCCUPAND	21F. HOW DID INJURY OCCUR?
I APPROX 1 1 (401 AVIII	
Wark L At Work	
22. I certify that (this hospital) attended the deceased from O	
that K(we) lost saw the deceased alive on DCT 23322	12 19 0 and that in (har) (our) apinion death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not)	riew the body after death.
23A. SIGNATURE	23B, DATE SIGNED
of Cellanace 1.0 Atto	ending Med. Staff T
	23D. ADDRESS
1 - 1/	
A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF COR	SINA, Hospital of BAltinone, INC
REMOVAL (Specify) 10 17 70	(Side)
RODOMER VEREIN	ROSEDALE, MARYLAND
OCT 1 6 1070 C. A. C. J. A. D. C. J.	25C. FUNERAL DIRECTOR, ADDRESS
JC1 16 1970 Valent E. Harley 720,0 0	OSOU LEVINSON BROS., 6010 REISTERSTOWN ROAD
150-REV, 1/1/6B	

Selection of the control of the cont

the transfer in a constitution of the state of the state

BALTIMORE CITY HEALTH DEPARTMENT

written

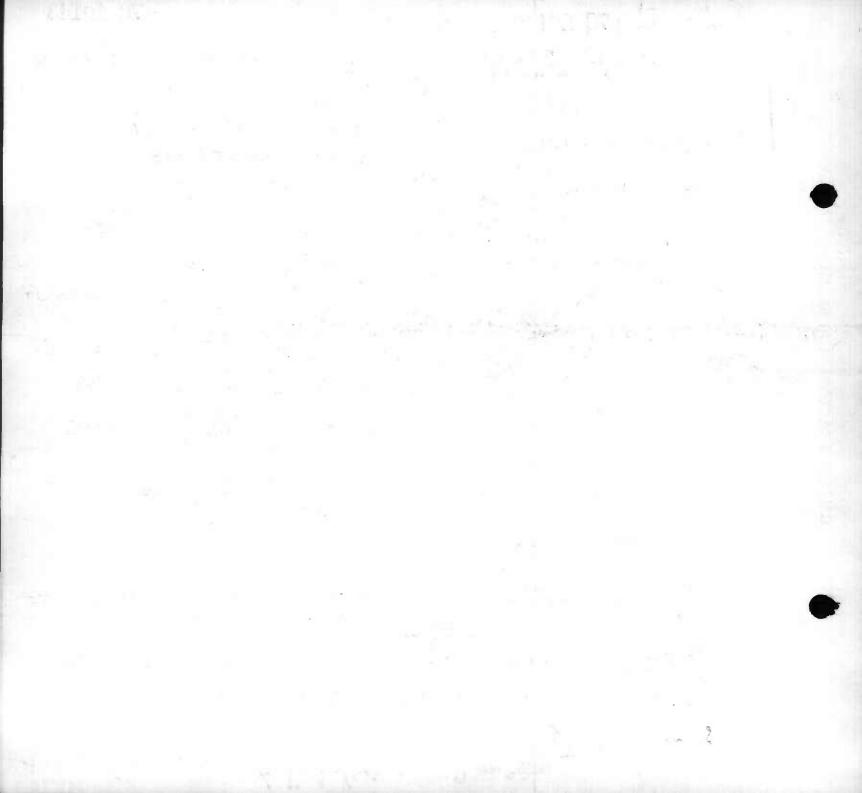
VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? NO YES If Under 1 Yr. If Under 24 Hrs. Manths Days Hours 12, CITIZEN OF WHAT COUNTRY? USA ADDRESS c/o MR. PAUL CAPLAN 3307 SMITH AVENUE BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exoct location) and that is (my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, town, ar caunty) ROSEDALE. MARYLAND SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

6:30

BURNING BERGY RGT - L LAURE BOAT AND THAT THE TOTAL OF THE PARTY STREET, THE TOTAL OF THE PARTY STREET, THE PART ET IN OUT A COURT OF HOME WAY TORK OF THE PARTY OF THE

B-657) 70 10112	BALTIMORE CITY	HEALTH DEPARTMENT		70 10143
D-650 70 10143	CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEASED (Type of Print) ELLA BAR!	NEY	2. DATE AND	7- 70	16:50 P.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If instituti	on: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION! INSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN BALTIMON	D. INSIDE C	/
SINAL HOSPITAL		E. STREET AND NUMBER	ORTH AVE	. NO .
F NEGRO WIDOW		8. DATE OF BIRTH 9. 10.	AGE (In years of birthdoy) 75	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
19	Some.	CALVERT C.	-	CITIZEN OF WHAT COUNTRY?
BENJAMIN FOOTE		SapHIE SO	NNSON	
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	WANGEN BAN	N8455241	BOSWORTH SA
18.250.91	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	DIAC STAND:	STILL = RAILINE	6 m63.
(This does not meon the mode of dying, e heart failure, asthenia, etc. It means the disea	DIETO OR AC	A CONSEQUENCE OF:	- Introne	
injury or complication which caused death.) ANTECEDENT CAUSES		NIC RENAL A	PAILURE	IYR
DISEASES OR CONDITIONS, if any, givi		A CONSEQUENCE OF:		
rise to the obove couse (A) stating to UNDERLYING CONDITION last.		ETES MELL	ITUS.	8YRS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA	G AL			270.4 1 270.1 100.0 00.1 100.0
TO THE DEATH BUT NOT RELATED TO THE TERMIN, DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	***************************************	20A. AUTOPSY2 (Yes or No)	208. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of elc.)	or obout 21 C. WHERE DID	(If In Boltimore City	, give exact location)
21D-TIME (Month! (Doy) (Yeoil (Haut)	While At Not While Work		Y OCCUR?	
22. I certify that (this hospital) attende	d the deceased fram	10-5- 19		-9 19 70
that 🥙 (we) last saw the deceased olive o	Din		in (my) (app) opinion	death occurred an the date
and haur ond from the causes stated above	. (1) (Mr) (did-not) v	lew the body after death.	loop.	DATE SIGNED
arthur M. Wagn	cer MiD, Atter	nding Med. Sh	off D	10-9-70
23C. PHYSICIAN'S NAME (Type) ARTHUR MI WAC		SINA! H		
REMOVAL: (Specifyl	n	MATORY 24D. LOC	ATION (City, tov	wn, or county) (Stote)
SA, DATE REC'D BY HEALTH DEPT. 258, NAM		SSC. FUNERAL DIRECTOR	CT V TO	ADDRESS
CT 1 6 1970 Robert E. Jaber		marson of	Longo 638	ng from It
/S 150-REV, 1/1/68				

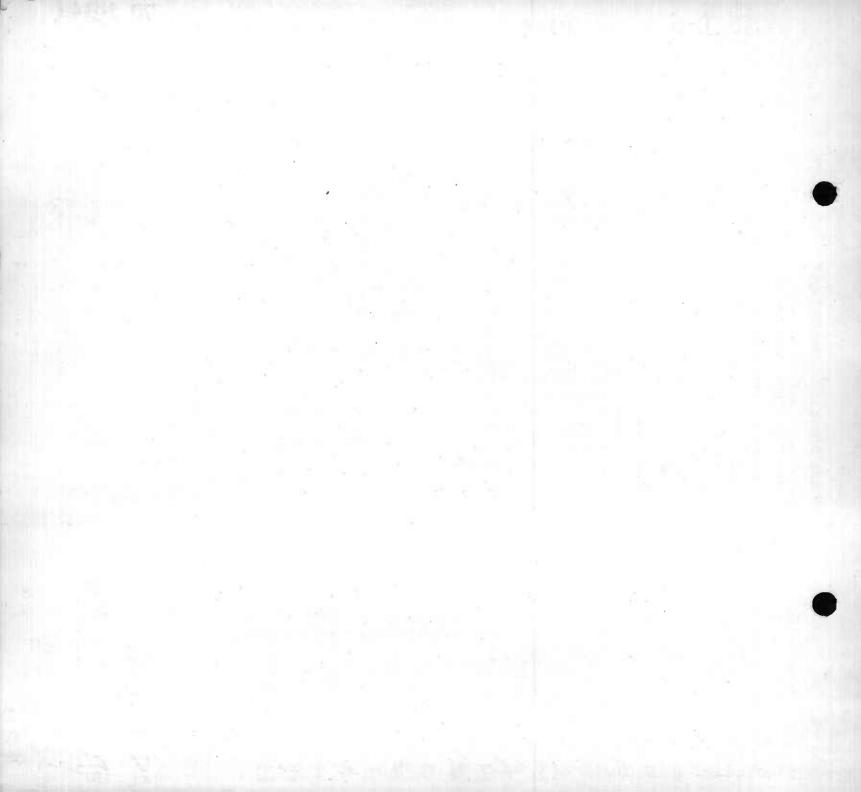


VS 150-REV. 1/1/68

Such

\ -15	BALTIMORE CITY	HEALTH DEPARTMENT	iny	0 10144
5/2 70 10144	CERTIFICA	TE OF DEATH	REG. NO.	0 10144
T. NAME OF DECEASED (Type or Print) 3. PLACE (N BALTIMORE, MARYLAND, WHERE PRONOUN FULL NAME OF HOSPITAL OR INSTITUT ADDRESS OR LOCATION) 5. SEX 6. RACE WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF B) 13. FATHER'S NAME	DSEY NOON, GIVE STREET NEVER MARRIED I DIVORCED I SUSINESS OR INDUSTRY	2. DATE AND OCTOBER 4. USUAL RESIDENCE (Where A. STATE B. COUNT MARY LAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 2435 E. FEDE D. DATE OF BIRTH I. BIRTHPLACE (Stote or foreign) 4. MOTHER'S MAIDEN NAME	D HOUR OF DEATH Q, K7U I deceosed lived. If institut BALT IMOR D. INSIDE C YE: ERAL STREET AGE (In yeors of birthdoy) On country) 12	7 ²⁵ P.M. Hion: residence before admission) E. C. ITY 8-33
JOSEPH BEMPSEY		MARY HARRIS	5	•
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	TEMPSEY FOR	ming givi	Payson St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.	(B)	CONSEQUENCE OF:	NONH	3 mos
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	CHROWIC C	WITH INFECTE BSTRUCTIVE LVI	NG DISEASE) 5yrs.
198. CONDITION FOR WI WAS PERFORMED	HICH OPERATION	NO	IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., in form, foctory, street, offi	or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. I OF INJURY (APPROX.)	NJURY OCCURRED Not While At Work	21F. HOW DID INJU	RY OCCUR?	-89
22. I certify that (N) (this hospital) attended the that (N) (we) last sow the deceased alive on ond hour and from the couses stated above. (N) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) KARL KRAMER	(We) (did) (did not) vi	ding Med. SD. ADDRESS	tin(m/s) (our) opinion	death occurred on the date DATE SIGNED HG/70 SPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify) 24B. DATE 24C. NAM SEMOVAL (Specify) 25B. DATE 25B. NAME OF 25	ME of CEMETERY OF CREA		ALTO ME	ADDRESS
OCT 16 1970 Robert & Jacks	MA O O	Bo anhan	10/1mg 63	on Giamon St

whom Plane



This certificate must be ap

P-66	70	1014		Y HEALTH DEPARTMENT		70 10	145
BIRTH NO.	•	7074	CERTIFICA	TE OF DEATH	REG. NO		
1. NAME OF D	ECEASED			2. DATE	AND HOUR OF DEATH	1	
	PRYOR, John)-9-70	1	9:45 P
3. PLACE IN I	ALTIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If	institution: residen	ce before odmis:
FULL NAME (OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Maryland		/	5-06
INSTITUTION				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
23				Baltimore E. STREET AND NUMBER		YES	№ □
90	OF DECEASED Print PRYOR, John EIN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD MAE OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION) Veterans Administration Hosp 3900 Loch Raven Boulevard Baltimore, Maryland 21218 6. RACE Negro MIDOWED DIVOR AL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS OR I g most of working life, even, if relired) Pryor DECEASE OR CONDITION DIRECTLY LEADING TO DEATH does not mean the mode of dying, e.g., failure, asthenia, etc., II means the disease, ar complication which caused death.) ANTECEDENT CAUSES ASES OR CONDITIONS, if only, giving to the above couse (A) stating the ERLYING CONDITION lost. CAUSE OF SIGNIFICANT CONDITION S. II SIGNIFICANT CONDITION S. II SIGNIFICANT ORDITION GIVEN IN PART 1 (A). ATE OF OPERATION 1982 CONDITION FOR WHICH OPERATION WAS PERFORMED MAE (Manth) (Doy) (Year) (Hour) JURY Work MAE (Manth) (Doy) (Year) (Hour) While At Work M. D. AL CREATION, 1248. DATE M. D. AL CREATION, 1248			1540 Popular	Grove Stre	et	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	. If Under 24
Male	Negro	WIDOWED	X DIVORCED	3-18-14	56	Months Doys	Hours Mir
OA, USUAL O	CUPATION (Give kind of wor	k 108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign cauntry)	12. CITIZEN O	F WHAT COUN
LAN				Glouchester,	Virginia	U.	S. A.
3. FATHER'S N	AME			14. MOTHER'S MAIDEN N.			
Samuel F	ryor			Carrie Bethi	.a		
5. Was Deceas	ed Ever in U. S. Armed Fe	rees?	1 6. SOCIAL	17. INFORMANT VA HO	spital Reco	rds ADD	RESS
Yes			217-18-33-12				
18. 4 - 0	10 01		CAUSE OF DEAT				ROXIMATE INTERV
rise la UN DERLYI	OR CONDITIONS, ii the above couse (A) NG CONDITION last. II HIFICANT CONDITIONS CO	ony, giving stating the	(c)	A CONSEQUENCE OF:	ech mkcl	na	
C DISEASE OR	CONDITION GIVEN IN PAI	IT I (A).	VHICH OPERATION	20A- AUTOPSY? (Yes or N	10) 20 R. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	SIDERED
21A. ACCID	ENT WAS UNDERLYING	7 218.	PLACE OF INTURVIOR	No			
OR CONTRI	BUTING CAUSE OF	ham- etc.)	e, farm, factory, street, at	fice bidg., INJURY OCCUR?	fit in Railima	re Cily, give exaci	la cation)
DEATH (not	(Manth) (Day) (Year)	Whil	le At Not While		JURY OCCUR?		
22. I certi	y that 🐒 (this hospita	l) ottended th	e deceased from O	ctober 6,	19 70 to Oct	tober 9.	19 70
that (X (w	e) lost saw the decease	ed office on	October 9,	19 <u>70</u> ond t	hot In (Our) op	Inion deoth occ	urred on the d
ond haur a	nd from the causes sta	ted above. M	(We) (did) MAXAGM v	lew the body ofter deoth.	100		
25%. 310%	Cantra	->	MaDa george Phys	nding Med.	Staff Phys.	23 B DATE SIGN	
23C. PHYSIC	IAN'S (Type)	U		30	och Raven B		
	• • • • • • • • • • • • • • • • • • • •	g	M.D.		ore, Maryla		
4A. BURIAL CI	REMATION, 248, DATE,		ME of CEMETERY of CRE			ily, lown, or count	ly) (Stote)
KEWO	NAT 10/14	120 CVA	are Weck	9	loves To	Co.U	la -
DOT 1	S 1070 (25B NAME O	F REGISTRAR	25G. FUNERAL DIRECTO		38m.90	DRESSMAN
AA T	1 MAN CH CASO CONTRACTOR	A ALTERIA	- 00 C	777	1	/	

in Importation

" wilmong tract in fection"

· Paralghic ilsers

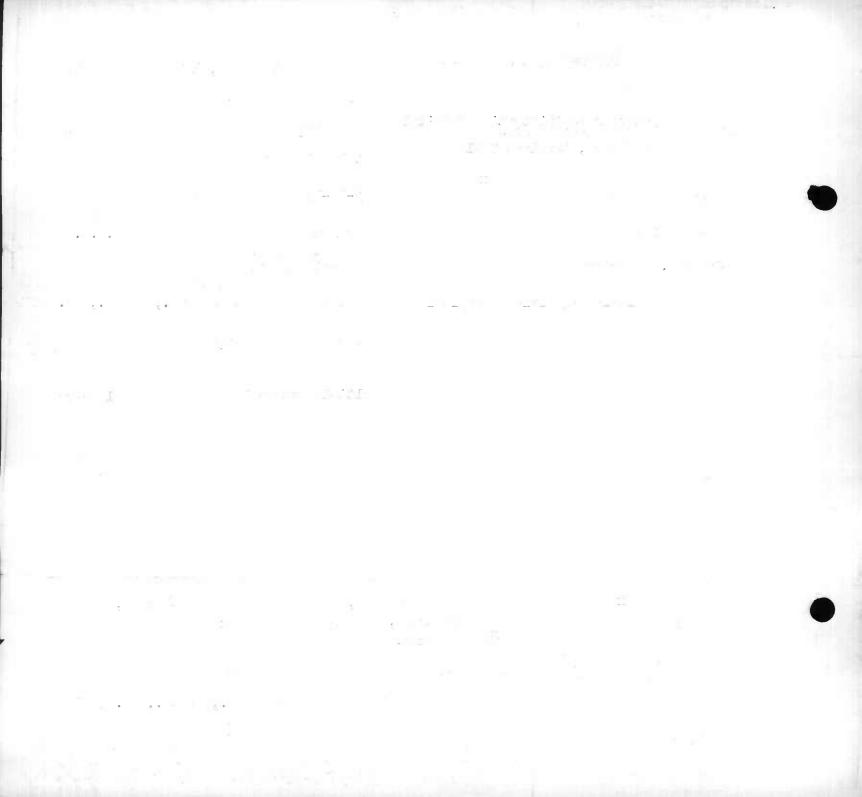
Luchama

CONTRACT.

0 212	MO 4 - 4	BALTIMORE CITY	HEALTH DEPARTMENT		70 10146
BIRTH NO.	70 10146	CERTIFICA	TE OF DEATH	REG. NO.	70 10140
1. NAME OF DECEA	SED	`	2. DATE AN	DHOUR OF DEATH	1
	ARL WILL	IAM STA	IR O	113/70	14:10 Am
3. PLACE IN BALTIM	AORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institut	ion: lesidence before odmission)
FULL NAME OF	UF NOT IN HOSPITAL OR INSTIT	TUTION. GIVE STREET	MARYLAN	d	12-06
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE C	CITY LIMPIS?
110	Nambh Chamles	Managa 7	BAITIMO	RE YE	s No 🗌
41	North Charles		E. STREET AND NUMBER	5	
///	Hospital		IV. Charl	ES 24	40
24 - 1 - 1	To a language languag	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If last birthday) Mo	Under 1 Yr. If Under 24 His.
MALE	WhiTE WIDOWED		1/23/04	64	
10A, USUAL OCCUPA done during most of work		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12	CITIZEN OF WHAT COUNTRY?
Glass B		Loury Co.	MOLANA	t	11.5.
13. FATHER'S NAME		,	14. MOTHER'S MAIDEN HAA	AE	0. 0
	ONEIL	TAID	1d1 ?		
15. Was Deceased Ev	er in U. S. Armed Forces? yes, give war or dales of sarvice)	1 6. SOCIAL	17. INFORMANT		ADDRESS
. /		SECURITY NO.		3 Ct - 4 Ol. l. C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
yes	W.W. II		A Catherine H		
18. 195	0	CAUSE OF DEATH	wal Carem	constosis	BETWEEN ONSET AND DEATH
	OR CONDITION DIRECTLY ADING TO DEATH	Hogo	cit ej Co.		3 mos
(This does not	mean the mode of dving, e.g.	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
heart foilure, ost	thenia, etc. If meons the disease, cotion which coused death.)	,	CONSEQUENCE OF.		
	TECEDENT CAUSES				
	CONDITIONS, if ony, giving	(B)	A CONSEQUENCE OF:	*****************	
rise to the	above couse (A) stating the	של זכן כו אם	A CONSEQUENCE OF.		
UNDERLYING C	CONDITION lost.	(c)	***************************************	***************************************	
7	- 11				
OTHER SIGNIFICA	INT CONDITIONS CONTRIBUTING				
DISEASE OR CON	DITION GIVEN IN PART 1 (A). PERATION 198 CONDITION FOR	WHICH OPERATION	120A ALIZODENA (V	202 15 200	NO. CONCIDENT
OTHER SIGNIFICATION THE DEATH BE DISEASE OR CON 19A-DATE OF OF OTHER SIGNIFICATION TO THE DISEASE OF CON 19A-DATE OF OTHER SIGNIFICATION TO THE DISEASE OF CONTINUE TO THE DISEASE OF THE DIS	WAS PERFORMED		20A-AUTOPSYT (Yes or No.	20B, IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
U 2 A ACCIDENT		PLACE OF INJURY (e.g., in		Its In Rollings City	y, give exect location)
. IOR CONTRIBUTES	IG CAUSE OF hon	ne, farm, factory, street, aff	ice bldg., INJURY OCCUR?	hi in politinora Chi	At dive exect teconout
0					
S OF INJURY		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	W	nils At Not While	'□		
22. I certify the	at (I) (this hospita l) attended t	he deceased from	10/2/	970 10 10	113/ 1970
that (4) (we) las	st saw the deceased alive on_	10/13/			death occurred on the date
and hour and fr	om the couses stated above. (I) (Welt-(did)=(didimot) vi	•		
23A-SUGNATURE				23 B	DATE SIGNED
DAM	with 1 real	/ // / Plane	ding Med.	Staff Phys.	10/13
23 PHYSICIAN'S	and the contraction	DEGREE Phys.	3D. ADDRESS	rnys.	10/10
NAME (Type	11111		A	1112010	05. 11.00
24A. BURIAL CREAT	TION, 24B, DATE 24C.N	AME OF CEMETERY OF CRE). NOCIA	CHARLES	
24A. BURIAL CREMA REMOVAL (Spec	cify) 24C.N				wn, or county) (State)
Burial		ltimore Nat'	1 Cemetery	Baltimore,	Md.
TOPA HERON	HEALTH DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	1.4	ADDRESS
441 10 101	A CASA SA	Z 0 0 0 0	18/ Ketara	Suk 3818	Roland Ave 212
VS 150-REV. 1/1/68					



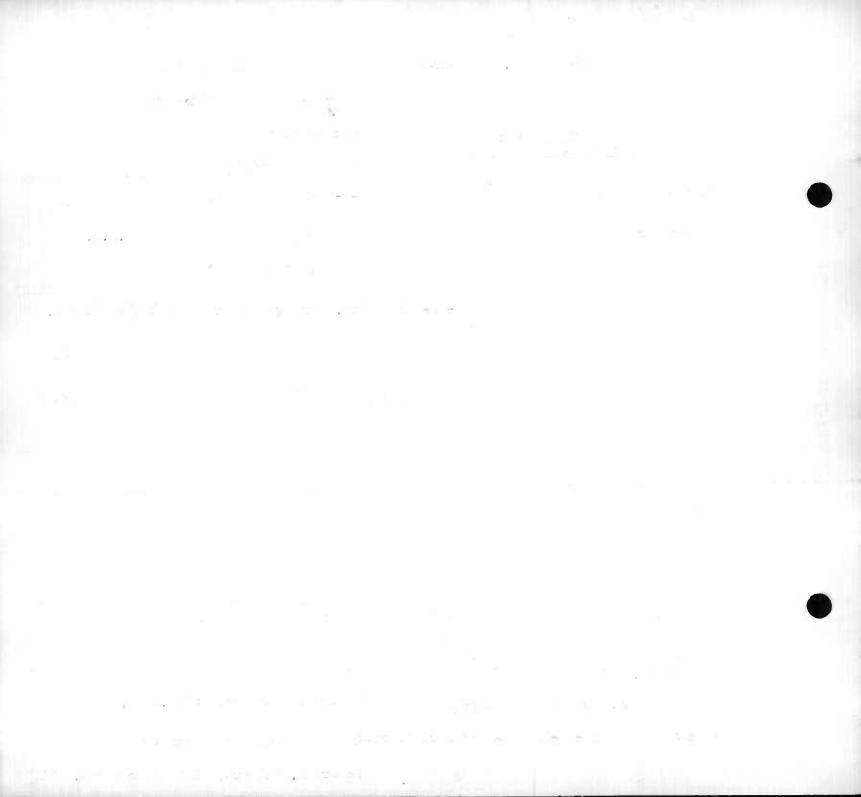
A 11.	7		BALTIMORE CITY	HEALTH DEPARTMENT		10.00		
BIRTH NO.		10147	CERTIFICA	TE OF DEATH	REG. NO	_70	10147	
1. NAME OF (Type or Print)	ROBERTSON	, Henry	George Sx		ober 14, 1970		3:10 P	
3. PLACE IN	BALTIMORE, MARYLAND, W	-		4. USUAL RESIDENCE (W	here deceased lived. If	in stilution: re		
FILL NAME	OF (IF NOT IN HOSPIT	AL OR INSTIT	LITION CIVE STREET	Maryland 8. co	Baltimore	à	33-00	113 31011)
HOSPITAL OR	Veterans Admin 3900 Loch Rave	istrati	on Hospital	C. CITY OR TOWN		SIDE CITY LIA		
23	Baltimore, Mar			Parkville		YES 🗌	NO 🔼	
90	Daronnore, rat	y Land 2	لندعنا	E. STREET AND NUMBER 2534 Windson	r Rd			
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 2	
Male	White	WIDOWED		5-17-26	7.7	Monins	Doys Hours	Min.
done during most	CCUPATION (Give kind of work of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY		oreign country)	12. CITIZ	EN OF WHAT CO	UNTRY?
Unempl				Maryland			U.S.A.	
13. FATHER'S				14. MOTHER'S MAIDEN N				
	Robertson			Catherine Kee				
Yes, no of unkno	sed Ever in U.S. Armed For wn) (If yes, give war or dote	s of service)	SECURITY NO.	17. INFORMANT	Records		ADDRESS	02.03
Yes	8-22-44 to 7	-3-46	23.6-20-5145	VAH, 3900 Loc	on Raven Blvc	Ball	to., Md.	STST
18. 3 5	OXI		CAUSE OF DEATH	1		la l	APPROXIMATE INTE	
DISE	ASE OR CONDITION DIS LEADING TO DEATH	ECTLY		Chronic Rena	al Failure		6 Months	
1This does	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:				
injury or c	re, asthenia, etc. Il means complication which caused	the disease, deoth.)				-		
	ANTECEDENT CAUSES			Multiple Scler	osis		21 Years	
DISEASES	OR CONDITIONS, il	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	****************			
UNDERLYI	the obove cause IA) NG CONDITION last.	stoling lhe	(c)					
	11		(-//		***************************************			
OTHER SIGN TO THE DE DISEASE OR 19A. DATE	VIFICANT CONDITIONS CON ATH BUT NOT RELATED TO TH	NTRIBUTING						
DISEASE OF	CONDITION GIVEN IN PART OF OPERATION 198 CONT	1 (A).	WHICH OPERATION	120 A				
	WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS OF D	CONSIDERED EATH?	
21A. ACCIT	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimo	re City, pive	exact location)	
DEATH (not	BUTING CAUSE OF	etc.)	e, form, foctory, street, of	ice bidg., INJURY OCCUR?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DEATH (not	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?			
(APPROX.)		Whi	le At Not While	П				
22. 1 certi	fy that 👫 (this hospital)			25.	1970 to Octo	ber 14	19_7	0
that (t) (w	e) last saw the deceased	alive an	October 1/1.	19.70 and	that in 0630 (our) and	nian death	accurred on the	- data
and have a	and from the causes state	ed abave.	(We) (did) (didomini) vi	ew the bady after death			occored di m	, adia
23A. SIGNA		11	. /	,		23B. DATE	SIGNED	
9	Vellera 7	T las	A MD After Phys.	ding Med.	Staff Phys.			
23C. PHYSIC NAME	CIAN'S (Type)		2	3D. ADDRESS				
			DEGREE	900 Loch Raven	Blvd., Balt	0., Md	• 21218	
4A. BURIAL C	REMATION, 248. DATE	24C.NA	ME OF CEMETERY OF CREA	MATORY 24D.	LOCAHON)	ity, town, or	county) / (Ste	ote)
100 K	1AL 10/11/1	0 6	geden of 1	AUL	DALIZ	>	ML	
OCT 1	1070 BY HEALTH DEPT.	250 NAME O		25C. FUNERAL DIRECTO		102 H	ADDRESS /	2-1
OOLT	7 101 0 0.55		7 0 0 0	1 COTIEVAN	WITTIM 88	UFOLA	arrord o	a
S 150-REV. 1/	1/68							



C	K-200	PiO.		BALTIMORE CITY	HEALTH DEPARTA	MENT		120	
B	IRTH NO.	10	1014	8 CERTIFICA	TE OF DEA	TH RI	EG. NO	70	10148
	NAME OF DECEASED	WILBURN	D			DATE AND HOUR	OF DEATH		
-		Wilbur				10/12/	70		10,25 1
,	PLACE IN BALTIMORE	MARYLAND, W	HERE PRONC	DUNCEO OEAO	4. USUAL RESIDEN	CE (Where deceose B. COUNTY	d lived. If ins	titution: resid	dence before admissi
H	ULL NAME OF (IF	NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN	d Ba	ltimore	CO DE CITY LIMI	53-01
1	SINAI H	WSPITAL	- DE	BALTIMORE	Kalhu	corp	D. HASIL	YES [2]	NO []
	42				E. STREET AND NU		r Knoll		
5.	SEX 6. RAC	E/1	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		Noore I	16 11-4 1	V 1/ 14 1 2 1 1
	A USUAL OCCUPATION	Cauc	WIDOWED	DIVORCED	3/11/86	9. AGE (In last birthdo	84	Months Do	Yr. If Under 24 H ays Hours Min.
do	THE GOLDING WORKING II	ia' agait ti telliad)		F BUSINESS OR INOUSTRY	11. BIRTHPLA CE (Stot	e or foreign country	J		OF WHAT COUNT
ļ.,	PRINTE	K	RET	IRED	MARYLAND			10	8A
13	FATHER'S NAME	T The same			14. MOTHER'S MAIL	DEN NAME			
_		L H. RUTH			EMMA	M. MINNE	R		
15, (Ye	Was Deceased Ever in es, no or unknown) (If yes,	U. S. Armed Fore	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			A	DORESS
	NO			219-01-4226	W. DENNIS	RUTH, 5510	KNOLLY	JIEW CT	г. 21228
Г	18. 250,5	71		CAUSE OF DEATH				1 .	APPROXIMATE INTERVAL
		ONDITION DIR	ECTLY		4 0 7			BETY	WEEN ONSET AND DEA
	(This does not meer	G TO DEATH	duing on	(A) IMMEDIATE CAU	se bilater	al priem	morrie		
	heort failure, asthenia injury ar camplication	eic. it means	the disease	DUE TO, OR AS A	CONSEQUENCE OF:		****************		200 00 00 00 00 00 00 00 00 00 00 00 00
		DENT CAUSES	aeam.)	20	- 1 .			- 1	
	DISEASES OR CON		au aisiaa	(B) CO CRAS	A CONSEQUENCE OF) udisoul			
	rise to the above	cause (A)	stoting the	Dolat					
	UNDERLYING COND	OITION last.		(c) 010KC	} wellete	1			
ATION	OTHER SIGNIFICANT CO	II ONDITIONS CON OUR FLATED TO TH	TRIBUTING	Atrial	is hille ting	ASCVI	\		
CA	19A. OATE OF OPERAT	N GIVEN IN PART	1 (A).	***************************************					
ERTIFIC	2,	WAS PERFO	DRMEO		20A. AUTOPSY? (Ye	IN CERTI	ES, WERE FIN	IDINGS CO	NSIDERED TH?
CAL C	21 A. ACCIOENT WAS OR CONTRIBUTING DEATH (notify medical	UNCERLYING CAUSE OF	21 B hom elc.	PLACE OF INJURY (e.g., in ie, form, foctory, street, offi)	or obout 21 C. WHERE CO bldg., INJURY OC	OIO (If	In Boltimare	City, give ex	act location)
EDIC	21 O. TIME (Month)	(Doy) (Yeor)	(Hour) 21E	INJURY OCCURRED	21E HOW C	DIO INJURY OCCU	102		
Z	OF INJURY (APPROX)			ile At Not While		,, o midki 0000	R:		
	22. I certify that	(this hospital)	ottended t	he deceosed from/	a/11/m	19t	·/0/	112/	2-0 10
	that (we) lost say	w the deceased	olive on	10/12/20	19				occurred on the da
	ond hour and from th	e couses stote	d above.	(We) (did) (de vi	ew the body ofter o	deoth.	, , ,		or the da
	23A. SIGNATURE	1 - 1) - 1	1-1			2:	3B. OATE SI	GNEO
	10.	Juni 6	my 1	Alten Phys.	ding Med. Director	Staff Phys		101	12/70
	23C. PHYSICIAN'S NAME (Type)	Puic-1	HVTTO		D. AODRESS	20 Cre	en Me	20 dur	Premy
24A	BURIAL CREMATION,	24B. DATE	24C. NA	ME of CEMETERY OF CREA	AATORY	24D. LOCATION	(City	town, or co	untu) (Stack)
	BURIAL	10-16-7		DLAWN CEMETERS					unty) 45tote)
254	POTE RECIDION HEAL	1		REGISTRAR	25C. FUNERAL OI	BALTO. (50., MD		AOORESS
U	O1 TO 12/0	ULBORED C.	ACTION!	0.000	HOWARD H		4107 W		AVE. 2122
15	150-PEV 1/1/69			117					

produce the control of the form

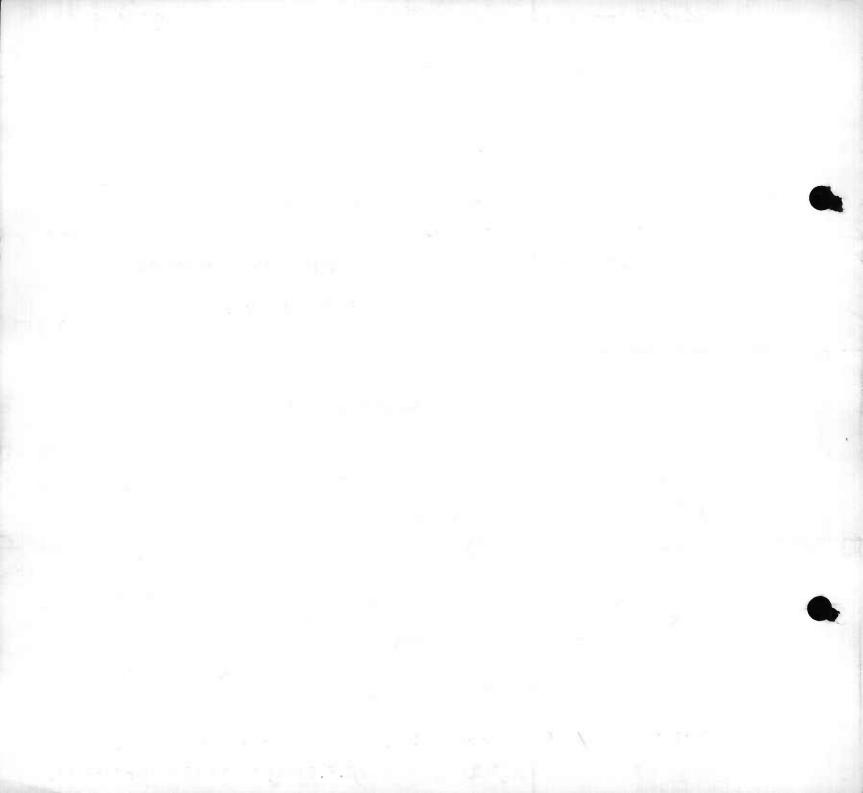
1 000			BALTIMORE CITY	HEALTH DEPARTMENT		len (a)
D-324	70	1014		TE OF DEATH	REG. NO	70 10149
I. NAME OF DEC		-U-1	0 -11110/			
(Type or Print)		-	DTMGET		ND HOUR OF DEATH	
- N	HELEN	P.	DITZEL		ber 13, 197	
3. PLACE IN BALT	TIMORE MARYLAND, W			A. STATE & COUN	ATY	institution: residence belore admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INST	TTUTION, GIVE STREET	Maryland	Baltimo	
NOTTUTION				C, CITY OR TOWN	D. IN	SIDE CITY LIMITS?
0	Hood Nursing	Home		Catonsville		YES NO
70	5313 Edmonds	son Ave	entre	E. STREET AND NUMBER	D = 1	
/ -				294 Bloomsbury	Road	
5. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Manths: Doys Hours Min.
Female	White	WIDOWE	DIVORCED	1-8-1892	last birthdoyl	Manths Doys Hours Min.
OA. USUAL OCCU	IPATION Give kind of work			11. BIRTHPLACE (Stota ar fore		12. CITIZEN OF WHAT COUNTRY
done during most of v	vorking life, even if retired)					
Housewife				Maryland		U.S.A.
3. FATHER'S NAA	AE			14. MOTHER'S MAIDEN NA	ME	
Ur	nknown			Annie (Unk	(nown)	
S Was Deserred	Fuer in II S Amend Fee	ces?	16. SOCIAL	17. INFORMANT	cirowii)	ADDRESS 21207
Yas, na of unknown)	lif yes, give wor or dole	es of service	SECURITY NO.			21207
No			212-05-8939		Snyder, 1542	2 Ingleside Ave.
18. 4/3	7,91		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DI	RECTLY		0 1.	7	SETWEEN ONSET AND DEATH
The second second	LEADING TO DEATH		(A)IMMEDIATE CAU	ISE Sence	w	4782.
(This does no	ot mean the made of asthenia, etc. It meons	dying, e.g	DIE TO OP AS	A CONSEQUENCE OF:	/	
injury or cam	plication which coused	death.)	e,			
A	NTECEDENT CAUSES		Roseth	Sal astice	meralos a	in Undet.
			(B) CO CO CO	A CONFIGURACE OF	Lewyon	ii, Undet.
	R CONDITIONS, if		•	A CONSEQUENCE OF:		
	CONDITION lost.	atomig in	(c)			
	11					
OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING	3			
TO THE DEATH	H BUT NOT RELATED TO THE	HE TERMINAL	****************			
19A DATE OF	OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yas at No) 208, IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN	WAS PERI			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AUSES OF DEATH?
21A. ACCIDEN	TING CAUSE OF] 21	B. PLACE OF INJURY (e.g., in	n at obout 21 C. WHERE DID	(If In Boltime	ore City, give exact location)
OR CONTRIBUT	TING CAUSE OF madical exominer	he	ome, form, foctory, streat, of		<i>p. σσ</i>	and any give exact totalion,
0						
OF INJURY	(Month) (Doyl (Year)		E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)			/hile At Wark			
22 1	that (1) (this hospital			Dell 10 15	10/0/-	not 12 -15
			111 + 11	Jack 13		10/13 1970
that (I) (we)	last saw the decease	d alive an	ald no	19_/and th	at in (my) (our) op	inian death accurred an the date
and haur and	from the causes stat	ted abave.	(1) (We) (did) (did not) v	lew the bady after death.		
23A. SIGNATUI		1	0 1			23B, DATE SIGNED
1. Bu	a Alexanto	in A	WITH MU AHO	nding Med.	Stoff	Oet 13, 1970
23 C. PHYSICIAN	N'S	7	DEGREE "Y	b Director	Phys.	00113/1110
NAME (Ty	pel			1264 Emandia Ar	Do 7 .	. 261
	A. Bradley	Daug	harthy DEGREE	1264 Francis Av	renue, Balto	o., Md.
4A. BURIAL CREA	MATION, 24B. DATE		NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (C	City, town, or county) (Statel
Burial	10-16-	197d T.	udon Park Ceme	tery		
					timore, Mar	CV IV SIL
ICT 1 P 40	BY HEALTH DEPT.	258, NAME	OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
OI TO 13	U Juse & E. V	2 321	KD U U	Howard H. Hul	bard, 4107	Wilkens Ave. 21229
VS 150-REV. 1/1/6	.8					



5 5311	BALTIMORE CITY	Y HEALTH DEPARTMENT 70 10150
BIRTH NO. 70 10150	CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH
SCHMIDL,	CHARLES A.	OCTOBER 13, 1970 9:00 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONO UN CED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND BALTIMORE Co 21229 53-0
HOSPITAL OR ADDRESS OR LOCATION) ST AGNES HOSP		C. CITY OR TOWN D. INSIDE CITY LIMITS?
CATON & WILKE		ARBUTUS YES NO
BALTIMORE, MA		E. STREET AND NUMBER
		1003 ELMRIDGE AVE
MARI	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs Index 1 Months Doys Haurs Min.
MALE WHITE WIDON 10A. USUAL OCCUPATION (Give kind of work 108, KIN)		04/06/94 76
done during mast of warking life, even if retired)	D OL BOSINESS OK INDUSTRE	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
MACHINIST		MARYLAND U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Peter Schmidl		ANNA ROBL
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknown) (II yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	BALTO MD 21229
NO		
118. 4/1/1 014-011	CAUSE OF DEAT	ST AGNES RECORDS CATON & WILKENS AVE
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND GEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	Massive autoro septel 171. USE a cute augestie failue A CONSEQUENCE OF:
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:
injury ar camplication which caused death.)		
ANTECEDENT CAUSES	A SC	VD. (2) carring on tary & classing
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:
nise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) Old	T3.
11	(-/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG	1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	(************************	**************************************
194-DATE OF OPERATION 198 CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z Z A A CCIOTALY NA C UNIO STATE		1.5
OR CONTRIBUTING CAUSE OF DEATH Inadify medical examines	21B PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
21 D. TIME (Manth) (Doy) (Yeo) (Haud) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Z [APPROX.)	While At Work Not While	• 🗆
22. I certify that (1) (this hospital) attende		CTOBER 10 19 70 to OCTOBER 13 19 70
that ()) (we) last saw the deceased alive		
		Should-read
and haur and from the causes stated above	or My (us) (aid) (did Vos) A	riew the bady after death.
	Alte	ending Med. T Stoff To
23C. PHYSICIANS	John In accree Phys	s. Director Phys. D
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS
Ching-Hui	I seu , m. D DEGREE	S' Agnes HOSP.
24A BURIAL CREMATION, 24B. DATE 240	C. NAME OF CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (State)
Burial 10-17-1970 I	oudon Park Cemen	tery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 258, NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
OCT 1 6 1970 Robert E. Jarber	ALT O CO	1 Howard H. Hubbard, 4107 Wilkens Ave. 2122
VS 150-REV. 1/1/68		

Table and the second of the se Maria de California de la composición de la compansión de 一 "说,不是什么,类说。

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Whele deceased lived. If institution: residence before admission D. INSIDE CITY LIMITS? YES 🔀 NO [If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 1.5.21 ***** ADDRESS APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH MONTHS 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoci location) SEPTEMBER 24 19 70 to OCTOBER and that in 💓 (aur) apinian death occurred an the date 23 B. DATE SIGNED BALTIMORE, MARYLAND (City, town, or county) ADDRESS .EVANO & SON 8802 Harford Rd.



T 156 70 10152	BALTIMORE CITY	HEALTH DEPARTMEN	T	70 10150
/-656 70 10152 BIRTH NO.	CERTIFICA	TE OF DEAT	H REG. NO	70 10152
1. NAME OF DECEASED Type or Print) WILLE E.	TURNE	P 2. DAT	LEV 13 20	8:15 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE	Where deceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	ON, GIVE STREET	c. city or town	and D. INSI	DE CITY LIMITS?
MONTEBELLO STATE	Hosp.	E. STREET AND NUMB	erge St. e	AE2 WO
5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE lin years last birthdoy) 40	If Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF Budane during most of working life, even if retired)	JSINESS OR INDUSTRY	11. BIRTHPLACE IStole of	gune	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	107
Ransom Turner		9 Pla - 1	Tucho	-
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give wor or doles of service)	SOCIAL SECURITY NO.	17. INFORMANT	- Janes	ADDRESS A
118.	CAUSE OF DEAT	vence 1	UKNENS	STELLOTSE ST
DISEASE OF CONDITION DIRECTLY	CAUSE OF DEAT	D 0	re Edema	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. II means the disease,	(A) IMMEDIATE CAL DUE TO, OR AS	SE JULIUOUG A CONSEQUENCE OF:	my caessa	_ 4-6 news
injury ar camplication which caused death.) ANTECEDENT CAUSES	Posal	tio Hear	+ Incluse	a. Ost-5 dan
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO/OR AS	A CONSEQUENCE OF:	1 quicute	and y
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Bol	ateed to	reuncouts,	3-days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Post m	al ais	hisis ofthe	ation
198. DATE OF OPERATION 198. CONDITION FOR WHI		ars 200A. AUTOPSY? IYes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., i farm, factary, street, a	or about 21 C. WHERE DI fice bldg., INJURY OCCU	D (if in Boltimor R?	e City, give exact location)
Z1D.TIME (Month) (Day) (Year) (Hour) 21E, IN OF INJUST (APPROX)			INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the	deceased from	Doct	19 70 to (et 13 1070
that (I) (we) last saw the deceased alive an	Oct 13'	119 20 an	received 1 f anglishmann 1 th account and account furthers	nian death occurred an the date
and have and from the causes stated above. (1) (1	We) (did) (did nat) v	,		
23A. SIGN ATURE				23B, DATE SIGNED
Herto Felicions	DEGREE Phys		Staff Phys.	10-13-70
23C. PHYSICIAN'S NAME (Type) HECTOR L. FELIC.	AND, MD, DEGREE	MONTER:	ELLO STAT	E ABSP.
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL ISpecify)	e of CEMETERY of CRE			y, lown, or county) (State) Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIREC	A. RICE 66	W. BARRE 3



C-4	130			BALTIMORE C	TTY HEALTH DEPART	TMENT		70	10153
BIRTH NO.	520	70 1	0153	CERTIFIC	ATE OF DE	ATH R	EG. NO	10	TATOO
LNAME OF	DECEASED	Pete	0400		12	DATE AND HOUR	OF DEATH		
Type or Print	HEREM F	IN 50	HOLZ			October	11,1970		40
3. PLACE IN	BALTIMORE, M	ARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDE	B. COUNTY	ed lived. Il institu	ution: residen	ce before admission
FULL NAME HOSPITAL O	OF (IF NO	T IN HOSPIT	(NOITA	TUTION, GIVE STREET	MARYL C. CITY OR TOWN	AND		21205	1-00
BON		URS	1405P	ITPL	BALTIMO		1	CITY LIMITS?	поП
34	+				E. STREET AND N	LAKE WOO			
SEX	6. RAGE		7- MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	lest highe	n yeors I	f Under 1 Yr.	If Under 24 Hr. Hours Min.
lone during mo	OCCUPATION (Giost of working lile, a	ven if relired)		ry Carston	1100		y) 1		FWHAT COUNTR
3. FATHER'S	NAME		0 4110		14. MOTHER'S MA				
ALE	SERT	SCHOL	2		CATHE	IZINÉ CO	CASINC		
5. Was Dece	nosed Ever in U. nown)](If yes, giv	S. Armed For	es?	16. SOCIAL	17. INFORMANT			ADD	RESS
			or sorricer	3-12-104	7 Mary Tyo	c, friend	, 705 N	.Coll	ington A
DISEASE ise to UNDERL	the above YING CONDITI GNIFICANT CON DEATH BUT NOTI OR CONDITION E OF OPERATION	Ic. II means hich coused NT CAUSES TIONS, il cause (A) ON lost. I DITIONS COI RELATED TO THE SILVEN IN PAR WAS PERF	the disease, deoth.) any, giving staling the MTRIBUTING IE TERMINAL I [A]. Dition FOR ORMED	(B) DUE TO, OR (C) WHICH OPERATION	yes strer	(Yes of No) 208 IF	YES, WERE FINITIFYING CAUSE	DINGS CON	SIDERED 17
OR CONT	CIDENT WAS UNTRIBUTING CA	IDERLYING L SUSE OF Omined	21 E hon etc.	PLACE OF INJURY (e. 10, form, foctory, street,	office bidg., INJURY C	ERE DID DCCUR?	lf in Boltimore Ci	ity, give exoc	t location)
OF INJUR	RY	Doy) (Yeor)	77.11	INJURY OCCURRED	/hile	V DID INJURY OCC	UR?		
22. 1 cer	tify that (1) (th	als hospital		he deceased from	10:105	19	to (0 ·)	1	19 70
	(we) last saw t				19 7 0	and that In (my)			
	• ,			() (We) (did) (did nat			, 1, op.,,,		
23A. SIGN	ATURE	1					231	B. DATE SIGN	NED
	Janl	ia l	loronak	SCA DEGREE	Attending Med. Phys. Direct	ctor Staff Phys.		10 -11	-70.
23C.PHYS NAM	AE (Type) JAN	TRA	VORARI	AKSA	23D. ADDRESS	SECOUR	s Hosp	TAL	
4A. BURIAL REMOV	CREMATION, 2		1	AME of CEMETERY of	CREMATORY	24D. LOCATION	(City, 1	own, or coun	ty) (Stote)
	ial	10/15	/70 B	altimore C		Balti	more, M	d.	
OCT 1	S 19/0	Bes E.	25R NAME O	F REGISTRAR	SChimun	DIRECTOR PURPER	al Homo	, Inc	DDRESS
	1/1//0			130	ZDUB E	Madiso	n St.	•	

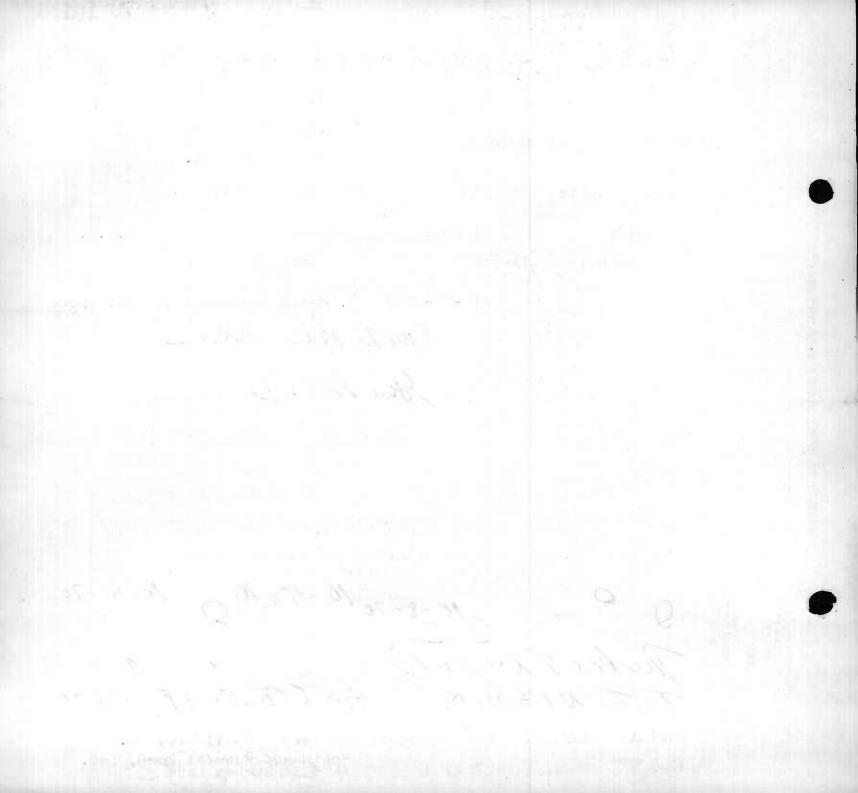


7-432 70 10 BIRTH NO.	104	THEALTH DEPARTMENT REG. NO.	70 10154
1. NAME OF DECEASED (Type or Print) MARII	E B. FLUTKA	2. DATE AND HOUR OF DEAT	
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	10/9/70 4. USUAL RESIDENCE (Where deceased lived, II A, STATE R, COUNTY	5:15 p. /
HOSPITAL OR ADDRESS OR LOCA		Md. 21224	NSIDE CITY LIMITS? YES NO
3/ City Hospital	L	E. STREET AND NUMBER 158 N. Ellwood Ave	
5. SEX 6. RACE	7- MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. , If Under 24 Hrs
female white	WIDOWED DIVORCED	8/14/13 lost birthdoy 57	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Saleslady	Hoehns Bakery	11. BIRTHPLACE (Stote or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTS
13. FATHER'S NAME	modified Bactery	14. MOTHER'S MAIDEN NAME	
Stanley So	osnowska	unknown	
5. Was Deceased Ever in U. S. Armed Fere Yes, no or unknown) (If yes, give war ar date:		17. INFORMANT	ADDRESS
	215-09-9740	James C. Flutka, hus	sband, above
LEADING TO DEATH (This does not mean the mode of heart loiture, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a consist in the above cause (A) UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A.DATE OF OPERATION 19B. CONTO	the disease, death.) any, giving stating the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B, IF YES, WER	***************************************
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)		n or obout 21 C. WHERE DID (if in Boltim	nore City, give exact location)
21D.TIME (Month) (Doy) (Yeor) FAPPROX.		21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) that (I) (we) last sow the decease and haur and fram the causes state 23A, SIGNATURE Action May 23C. Physician's NAME (Type) Dr. Chai	ed obave. (1) (We) (dld) (did nat) v	riew the bady after death.	pinian death accurred an the da
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CRE		City, tawn, or county) (State)
Burial 10/13/	70 Holy Rosary C	emetery Baltimore	

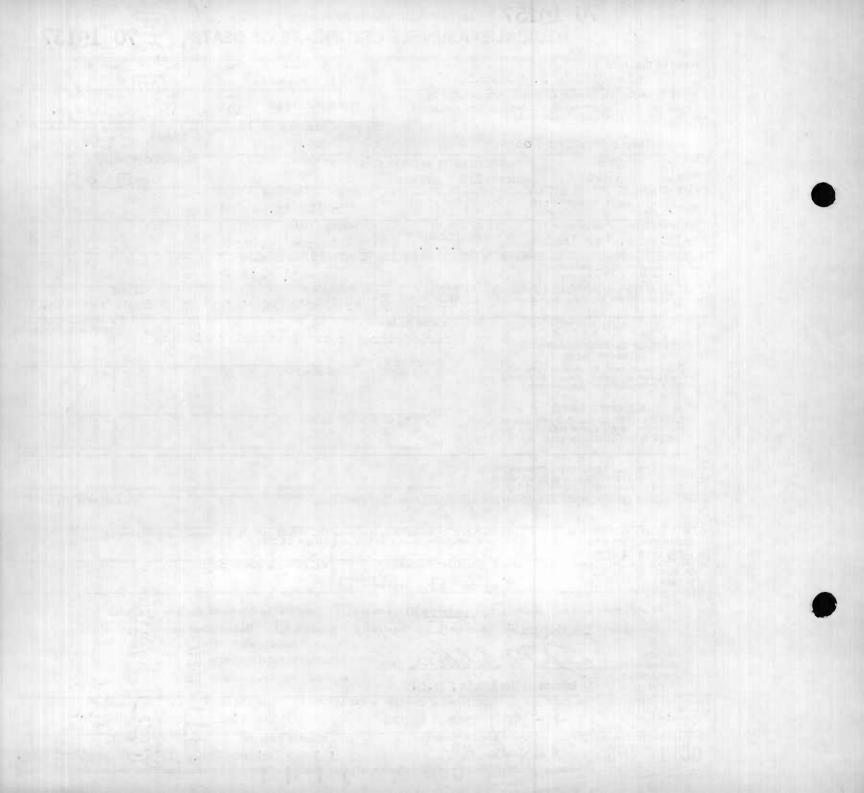
5 90 1 . E 111 - 22

XXX 2601 E. Madison Street

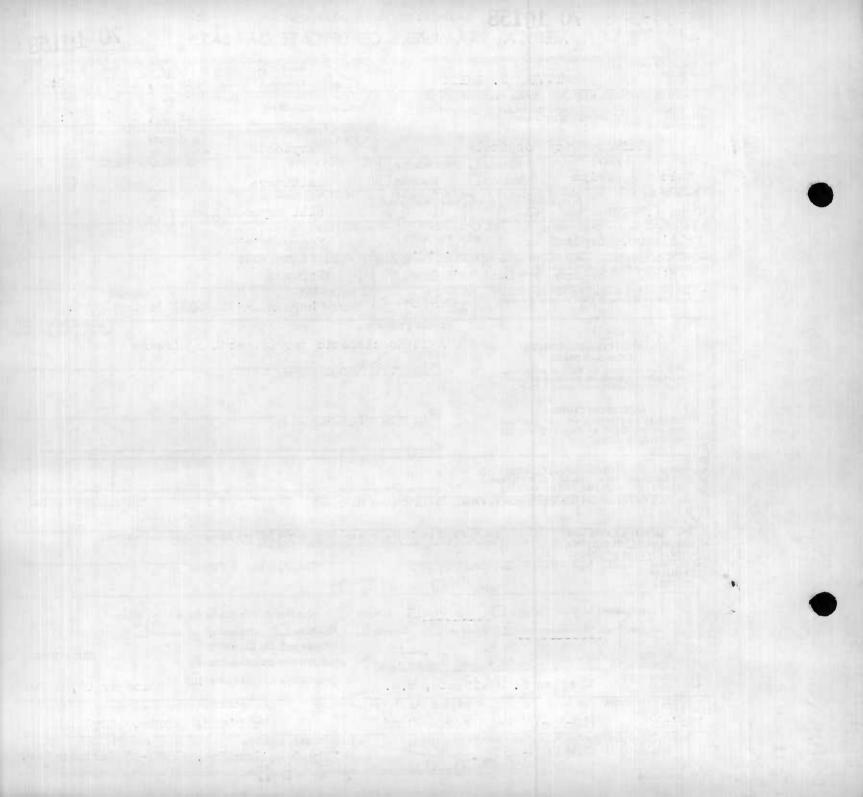
THE PROPERTY CONTRACT CALLED



OF DEATH Estimoted
PRONOUNCED DEAD 19 13 1970 3 p.
5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission A. STATE Md. B. COUNTY Balto.
9. E. STREET AND NUMBER
Box 42 Rt. 14
George Dorbert
RY 15. MOTHER'S MAIDEN NAME
Mary B. Seifert
Mrs Marie Schriefer 2517 Southdene Ave.
APPROXIMATE INTER erotic cardiovascular disease
R AS A CONSEQUENCE OF:
WAS PERFORMED 21. AUTOPSY? (Yes or N
in or obout 22C, WHERE DID (If in Baltimore City, give exact location) injury occur?
22F. HOW DID INJURY OCCUR? T WHILE WORK
utopsy and that on this basis, death in my opinion
ide Homicide Undetermined manner
CHIEF MEDICAL EXAMINER
D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 10. 14. 70
ASSOCIATE MEDICAL EXAMINER LI
10-14-70
Y or CREMATORY 24D. LOCATION (City, town, or county) (Stole) Baltimore County, Maryland
R R



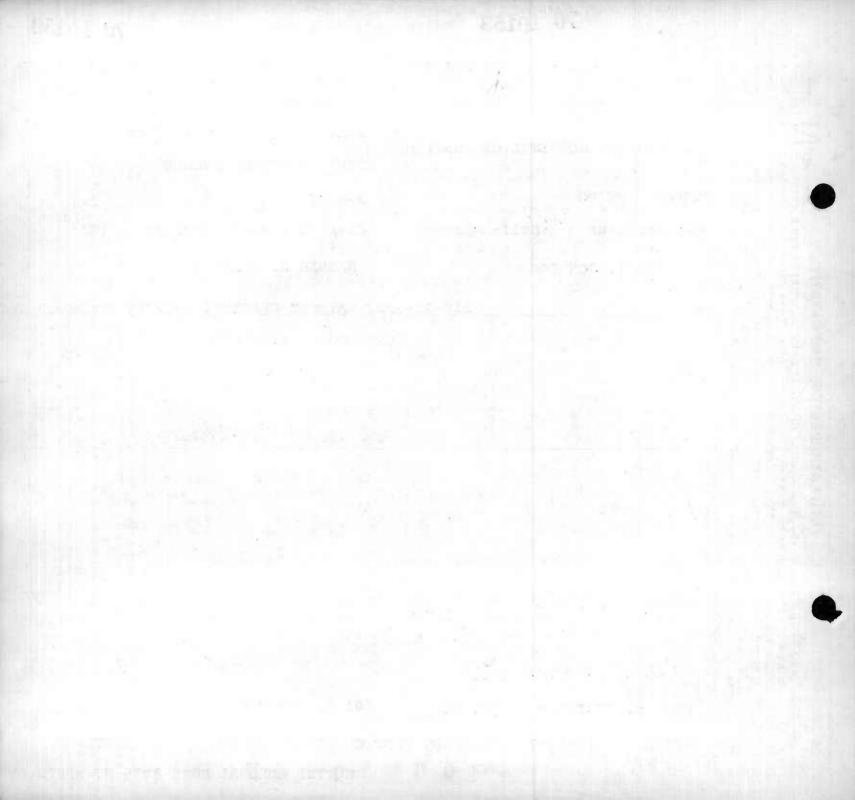
5-530 70 10158 BALTIMORE CITY MEDICAL EXAMINER'S	HEALTH DEPARTMENT
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 70 10158
1. NAME OF DECEASED (Type or Print) WILLIAM B. SMITH	2. DATE Known Kn
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour PRONOUNCED DEAD
Baltimore City Hospital	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	
Male White WIDOWED DIVORCED!	
9. DATE OF BIRTH June 5, 1905 10. AGE (in years Wonder 1 Yr. II Under 24 H Months, Days Hours M	IE. STREET AND NUMBER
Baltimore, Maryland U.S.A.	13. FATHER'S NAME Henry Smith
done during most of working life, even if retired) Retired Western Maryland Rail Road	TRY 15. MOTHER'S MAIDEN NAME Barbara
(Yes, no or unknown) (II yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18 INFORMANT ADDRESS 3 Mrs Theresa Smith 8111 Raymond Ave.
19. // CAUSE OF D	EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Injury or complication which coused death.) ANTECEDENT CAUSES	E CAUSE R AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.	nor obout 22C. WHERE DID (If in Baltimore City, give exact location) 10
(APPROX)	OT WHILE D
ACTUAL Charles S.	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER
24A. BURIAL CREMATION, PARENCY PROPERTY PARENCY ALL (Specify) Burial 10-19-1970 Sacred Hear	the state of the s
VS 151-REV. 1/1/68	2SC. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 1901-07 Eastern Ave.



Such

	1	E.O.		BALTIMORE CITY	HEALTH DEPAI	RTMENT				
11000	+-626 RTH NO.		10159	CERTIFICA	TE OF DE	EATH	REG. NO.	7	0 101	.59
	NAME OF DECEA	SED				2. DATE AND	HOUR OF DEA	TH		
				FRAZIER			ER 9th,		11:45	AM
3.	PLACE IN BALTIA	AORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	B. COUNT	deceased lived.	f institution; re	esidence before	odmission)
H H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	MARYI C. CITY OR TOW		ID 1	NSIDE CITY LI	5-06)
1	1 /				BALTIMO			YES 🔀	NO	1
14	LOLUTHE	RAN HOSPI	TAL OF	MARYLAND	E. STREET AND	NUMBER			Lau	
5.	SEX 6.	RACE	7. MADDED E	ALEVED MADDIED	B. DATE OF BIRT		D AVENU	If Unde	r 1 Yr. If Un	der 24 Hrs.
177				NEVER MARRIED			st birthday)	Months	Doys Hours	Min.
1	EMALE	NEGRO	WIDOWED	BUSINESS OR INDUSTRY	3-8-06	/\$4-40 on foreign	64	DO CITI	TEN OF WILLT	COLUMENT
		king life, even if retired)							ZEN OF WHAT	COUNTRI
R	estuaran	teur	\$elf-Er	nployed	Clark's	Chape	1, Maryl	and	USA	
13.	FATHER'S NAME				14. MOTHER'S A	MAIDEN NAM	E			
		W. JOHNSON		Links I		E. PR	ESTON			
15. (Ye	Was Deceased Every No or unknown) (I	ver in U. S. Armed Fare f yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
	0			219-32-292	DAVMON	ממש חו	IER, SR	2707	WESTWO	OD 35
	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the	mean the mode of thenia, etc. It means calion which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	the disease, death.)		etas tou	ec Co	ncino		(o mos	
		II.	e de la constant							
ATION	TO THE DEATH	ANT CONDITIONS COL BUT NOT RELATED TO THE ADITION GIVEN IN PAR	HE TERMINAL		••••					
AL CERTIFIC	OR CONTRIBUTE	PERATION 198. CON WAS PERF	FORMED 218.	PLACETOF INJURY (e.g., in e.g., in foctory, street, of	ten N n or obout 21 C. WI	OCCUR?	IN CERTIFYING	CAUSES OF I	CONSIDERED DEATH? e exact locotion)	
U	DEATH (notify m				A.	10.19.				
MEDI	21 D. TIME (A OF INJURY (APPROX.)	Month) (Doy) (Year)	1	INJURY OCCURRED Not While At Work		OM DID INTO	RY OCCUR?			
	22 1	Which is the			7-20	9.4	70 to 1	0-3-		10 7/
		ot (1) (this hospital st saw the deceose						<u> </u>	***************************************	19 70
				_	19 70		in (my) (aur)	opinion deo	th occurred o	n the dote
	0/		ed above. (1)	(We) (did) (did nat) v	iew the body of	fter deoth.				
1	23A. SIGNATURE	0/4	10					23B. DAT	ESIGNED	-0
	/ Kloch	1) Kelyna	n ///	DEGREE Phys		rectar S	taff hys.	100)-11-	10
	23C. PHYSICIAN	S		DEGREE	23D. ADDRESS		7 . T.	1		
2.0	HUGH B.	ROBINSON	M		601 N. E			10'		15.
1124.	A. KURIAL CREMA	ATION, 24B, DATE	124C NA	ME of CEMETERY OF CRE	MATORY	24D, LO	CATION	(City, town, o	or county)	(Stote)

70 PLEASANT
258 NAME OF REGISTRAR REMOVAL (Specify) 10-13-70 HEALTH DEPT. 258. EMETERY TOWSON MARYLAND
25C. FUNERAL DIRECTOR ADDRESS
NOTTER FUNERAL HOME 3035 W. NORTH AVE BURIAL CT 1'6" 1970 CEMETERY REST



IMPORTANT

FUNERAL DIRECTOR:

2-11) me	1010	BALTI	MORE CITY	HEALTH DEPARTME	NT	
BIRTH NO.	O WIL	1018	CER	TIFICA	TE OF DEA	TH REG. NO	70 10180
I.NAME OF D						ATE AND HOUR OF DEAT	H //2 ~
WILLI	AM MEREDI	TH H.	BIRCHE J	R.		10/11/70	430 2.
3. PLACE IN B	ALTIMORE MARYLAN	ID, WHERE PR	ONOUNCED DEAL		4. USUAL RESIDENC	E (Where deceased lived, If	Institution: residence belove admission
FULL NAME C	F (IF NOT IN H	OSPITAL OR IN	ASTITUTION, GIVE	STREET	md	Balt	27-10
HOSPITAL OR	ADDRESS OR	LOCATION)			C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
2n.	1	0	1 1/1 0	000	Balt	0	YES 🔃 NO 🖻
o I Ma	Ryland	Jenek	ed the	PHal	E. STREET AND NUM	Beaun	out are
S. SEX	Negro	WIDO		ORCED T	8. DATE OF SIRTH	9. AGE (In years last birthdoy) 53	Months Doys Hous Min.
10A. USUAL OC	CUPATION (Give kind of	of work 10B, KIN	D OF BUSINESS O	RINDUSTRY	11. BIRTHPLA CE (Stole	of loreign country)	12. CITIZEN OF WHAT COUNTRY
Music T			lic Scho	01	Maryland		
13. FATHER'S N		J. U.D	TIC SCHO	01	14 MOTHER'S MAIDE	N NAME	USA
Willia	m H. Birc	he					
5. Was Decease	ed Ever in U. S. Arme	d Forces?	1 6. SOCIAL		Eula Nut	L	ADDRESS
	viii yes, give wor o	doles of servi	SECONIII			. (- 1 1 - · · · · · ·	1337 East Blvd.
NO 18.	091			OF DEAT		stellena B.	Showes Cleveland
(X)	ASE OR CONDITION	N DIRECTLY	07,000	. 4			BETWEEN ONSET AND DEATH
	LEADING TO DE	ATH	4.5114	AEDIATE CAL	Rema		1 Ure
lThis does	nat meon the mod , asthenio, etc. It m	e ai dying,	0.0.		A CONSEQUENCE OF:		
injury at co	amplication which ca	used death.)	ase,	,		- 0	. `
	ANTECEDENT CAL	USES	, T	10 P	MROTIC :	syndrom	Le VRS
DISEASES	OR CONDITIONS,	il any, gi	ving (8)	JO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	he above cause	(A) stating	the (C)	Dia	beter hu	elit us	VIRS
	11		(0)				
OTHERSIGN	IFICANT CONDITIONS	CONTRIBUTII	NG				
DISEASE OR	TH BUT NOT RELATED CONDITION GIVEN IN	PART 1 (A).	***************************************				
OTHER SIGN TO THE DEZ DISEASE OR 19A-DATE OF 21A-ACCID	OF OPERATION 198.	CONDITION F	OR WHICH OPERA	TION	20A. AUTOPEY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A ACCID	ENT WAS UNDERLYIS	NG	21R FLACE OF IN	HIPV (a.c. Is	or about 21 C. WHERE		
OR CONTRE	ENT WAS UNDERLY!! BUTING CAUSE OF fy medical examines		home, form, loctor	y, street, of	ice bidg. INJURY OCC	UR?	ore City, give exoct location)
O 21D. TIME	(Month) (Doy) ()	Yeor) (Hough					
S OF INJURY	(Iviolili) (Day) (I	leon (nous	While At	Not While		D INJURY OCCUR?	
(APPROX.)			Work L	WI MANIE			
22. I certif	y that (t) (this hos	pital) attende	ed the deceased		916	19 <u>7 o_ta</u>	10/11 1976
) last saw the deci	/			1970	nd that In(my) (aur) ap	Inlan death accurred an the dot
and hour as	nd from the causes	stated abave	e. (H/(We) (did)	did not) v	lew the bady after de	eath.	
23A. SIGNAT		01			N		23B DATE SIGNED
	me Jus	mens		DEGREE Phys	Med. Director	Stoff Phys.	10/11/70
23C. PHYSICI	AN'S Type	100			3D. ADDRESS		
त्	Amtes	NOVIT	ILLIPS	MA	2 5	Lead ST	130th M
24A. BURIAL CR		E 240	C.NAME of CEME	DEGREE	MATORY 2		City, town, or county) (State)
Burial	10-1	5-70 N	Mt. Aubu	rn Cen	neterv	Baltimore	Maryland
SA DATE REC'	RY HEALTH DEPT.	258-NAA	AE OF REGISTRAR		25C. FUNERAL DIRE		ADDRESS
UUI 16	19/U Jabert	E. Naube	KAD O	0 0			3035 W. NORWH AV
S 150-PEV. 1/1					Labora who will be	TIONE	JUJJ W. MUKMER AV



FUNERAL DIRECTOR: IMPORTANT

M = () BALTIMOI	RE CITY HEALTH DEPARTMENT
	FICATE OF DEATH REG. NO. 70 1016T
I. NAME OF DECEASED Minnie MONROF	2. DATE AND HOUR OF DEATH (0/12/70 /30 /
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	er targland 27-98
SINAI HOSPITAL OF BALTIMORE	C. CITY OR TOWN D. INSIDE CITY LIMITS?
STIVAL PROPERTY OF BACHMORE	Baltimore YES NO
12	3333 Spaulding Are
SEX 6. RACE 7. MARRIED NEVER MARRIE	ED 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr., Il Under 24 Hrs., Months; Days Hours; Min.
Female Negro WIDOWED DIVORCE	ED 8-4-1908 62
DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife Home	North Carolina U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Monroe	
Was Deceased Ever in 11 S Armed Force?	Charity Caple
es, no or unknown) (II yes, give wor or doles of service) SECURITY NO	ADDRESS ADDRESS
No	Mary Simmons 3333 Spaulding Avenue
18. 250. 91 CAUSE OF	DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ATE CAUSE Core dro Vizzule accident.
	OR AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES	ristete mellitu
DISEASES OR CONDITIONS, if any, giving (B) DUE TO,	OR AS A CONSEQUENCE OF:
rise to the obove couse (A) stoting the	
ONDERCTING CONDITION lost, (C)	***************************************
	ruary westing
[IDISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING 21B PLACE OF INTURY	Y (e.g., in or obout 21 C. WHERE DID (II in Boltimore City, give exoct location) treet, office bidg., INJURY OCCUR?
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
I(Wbbb()X)	ot While
TYOK CO AT	T WORK
22. I certify that (6) (this hospital) attended the deceosed from	
that (3 (we) lost sow the deceased office on 10/12/	ond that in (our) opinion death occurred on the date
ond hour and from the causes stated above. (We) (did) (die)	view the body after death.
23A. SIGNATURE	23B, DATE SIGNED
Defulle they friend	Attending Med. Staff Phys. 10/2/70
23C. PHYSICIAN'S NAME (Type) JOHQU'M PUIC-ANTICLE	23D. ADDRESS 6220 Green Headow Phuj
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	GEGREE OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	Lange to the state of the state
Burial 10-16-70 Mt. Auburn (
OCT 1 0 4070 O 0 0 0 0 0	25C. FUNERAL DIRECTOR ADDRESS
16 1 16 19/0 1662 E. Marker M. D.	O NOTTER FUNERAL HOME 3035 W. NORTH AV
150-REV. 1/1/68	



(Type or Print)	CEASED		CERTIFICA	2. DATE	AND HOUR OF DEAT	Н
		, Earl A			/14/70	7:30 /
3. PLACE IN BA	LTIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	A. STATE B. COI	here deceased lived. II UNIY	institution: lesidence before
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Md.		15-11
NOITUTITEN	3705 Chatam			C. CITY OR TOWN Balatimore	D. IN	NSIDE CITY LIMITS?
00	Balatimore,		10	E. STREET AND NUMBER		YES X NO
	baratimore,	Mu. 212	.10	3705 Chatham	Rd.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost bisthday)	If Under 1 Yr. If Un Months Doys Hours
Male	Nègro	WIDOWED		3-9-1927	43	Nonins Doys Hours
done during most of	UPATION (Give kind of wor working life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT
Pharma		Hilton	n Court	Maryland		USA
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
	. Gates			Ella Winche	ester	
15. Was Decease	Ever in U. 5. Armed Fo	ices?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	World War			Geraldine G	Gates 3	705 Chatham
18. 5 7	181		CAUSE OF DEAT		04000 5	APPROXIMATE
DISEA	SE OR CONDITION DI	RECTLY				BETWEEN ONSET
	LEADING TO DEATH	REGIE		Biliary cirr	hosis of li	ver 14 y
(This does	and mean the made of	dvina ea	(A) IMMEDIATE CAL			
	noi meon ine mage di		DIJE TO OB AS	A CONCEOUENCE OF MIT T	'n chechad a	(2) 1 1 22 C of or
heart foilure,	nol meon lhe made ai aslhenia, etc. Il means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF: W1 T	in chronic j	aundice
heart foilure,	aslhenia, etc. II means nplicalian which caused	the disease, death.)	502 10, OK A3			aundice
heart foilure,	asthenia, etc. Il means	the disease, death.)	m Asci	tes Liver failu		aundice
heart foilure, injury at car	asihenia, etc. II means nplicalian which caused ANTECEDENT CAUSES OR CONDITIONS, il	s the disease, death.)	m Asci			aundide
DISEASES	asihenia, elc. Il means nplicalian which caused ANTECEDENT CAUSES	s the disease, death.)	(B) Asci	tes Liver failu		aundide
DISEASES	aslhenia, etc. II means nplicalian which caused ANTECEDENT CAUSES OR CONDITIONS, il e abave cause (A) G CONDITION last.	s the disease, death.)	m Asci	tes Liver failu		aundide
DISEASES inse to the UNDERLYIN OTHER SIGNI	asthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.	any, giving sloling the	(B) Asci	tes Liver failu		aundice
DISEASES in lo lite UN DERLYIN O OTHER SIGNI TO THE DEA	aslhenia, etc. II means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.	any, giving sloling the	(B) Asci	tes Liver failu		aundice
DISEASES inse to the UNDERLYIN OTHER SIGNI	asihenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS COUNTY OF THE PROPERTY ON THE PROPERTY ON THE PAGE OPERATION 198. CONDITION 198.	any, giving sloling the Contributing the Contributing the Contributing the Contribution for valuation for valuatio	(B) ASCI	tes Liver failu	ITE	E FINDINGS CONSIDERED
DISEASES nise to the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR O 19 A. DATE OF	asilhenia, etc. II means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. II FICANT CONDITIONS CONTILL TO	any, giving sloting the DNTRIBUTING THE TERMINAL RIGHT OF THE THE RIGHT OF THE THE RIGHT OF THE RIGHT O	(B) ASCI	tes,Liver failu A consequence of: None	ITE	
DISEASES nise to the UNDERLYIN OTHER SIGNI TO THE DEA VOITE DEA	asilhenia, etc. II means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. II FICANT CONDITIONS CONTILL TO	any, giving sloting the DNTRIBUTING THE TERMINAL RIGHT OF THE THE RIGHT OF THE THE RIGHT OF THE RIGHT O	(B) ASCI (B) OF ASCI (C) OF ASCI WHICH OPERATION	None 20A. AUTOPSY? (Yes or I	No) 208. IF YES, WERI	E FINDINGS CONSIDERED
DISEASES inse lo li UN DERLYIN OTHER SIGNI TO THE DEA	asibenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO THE BUT NOT RELATED TO TO TONDITION GIVEN IN PARE OPERATION 198. CON WAS PER	any, giving sloting the DNTRIBUTING THE TERMINAL RT 1 (A). DISTRIBUTION FOR VICTORMED 121E.	(B) ASCI DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., 1e., form, foctory, street, o	None	No) 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES inse lo li UN DERLYIN OTHER SIGNI TO THE DEA	asibenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO THE BUT NOT RELATED TO TO TONDITION GIVEN IN PARE OPERATION 198. CON WAS PER	any, giving sloling the DNTRIBUTING THE TERMINAL RT I (A). NOTION FOR WED 1218. hometc.)	(B) ASC1 (B) ASC1 (C) OF AS (C) WHICH OPERATION PLACE OF INJURY (e.g., or form, foctory, street, or form, foctory, str	None 20A.AUTOPSY? (Yes or NO NO NO NO NO NO CCUR?	No) 20B, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES nise to the UNDERLYIN OTHER SIGNITO THE DEA DISEASE OR CONTRIB DEATH (notified)	asibenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS COUNTY OF THE CONDITION GIVEN IN PARTICULAR OPERATION 1982. CONDITION GIVEN IN PARTICULAR OPERATION IN PARTICULAR OPERATION GIVEN IN PARTICULAR OPERATION IN P	any, giving sloling the SNTRIBUTING THE TERMINAL RT I (A). SIDITION FOR VICE STATE OF THE STATE	(B) ASC1 (B) UE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., or of the form, foctory, street, or of the form, foctory, street, or only one of the form, for While At Not While	None 20A.AUTOPSY? (Yes or No No No No No No No	No) 20B, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
NOTION OF THE PEAR OF INJURY (APPROX.)	ashenia, etc. II means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CONTROL OF CONDITION GIVEN IN PARE OPERATION 198. CONDITION GIVEN IN PARE OPERATION (Month) (Doy) (Year)	any, giving sloling the SNTRIBUTING THE TERMINAL RITT I (A). ONTRIBUTION FOR VICTOR INC. (Hour) 21E. Whit Work Work Work Work Work Work Work Work	(B) ASC1 (B) ASC1 (C) OF AS (C) OF INJURY (e.g., or form, foctory, street, or injury occurred like At Wark	None 20A.AUTOPSY? (Yes or NO NO NO NO NO NO NO N	No) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
NOTION OF INJURY Linguist of the control of the co	ashenia, etc. II means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITION S CONTINUE CONDITION GIVEN IN PART ON PART OF PERATION 198. CON WAS PER CONTING CAUSE OF medicol exominer) (Month) (Doy) (Year)	any, giving sloling the SNTRIBUTING THE TERMINAL RT I (A). CHOUND 21E. White World World Wattended the SNTRIBUTION FOR WELL White World World Wattended the SNTRIBUTION FOR WELL White WATTENDER W	(B) ASC1 (B) ASC1 (C) WHICH OPERATION PLACE OF INJURY (e.g., one of the complete of the com	None 20A.AUTOPSY? (Yes or No No No No No No No	No) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
NOTHER SIGNI TO THE DEA DISEASES nise to the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR CO 19 A. DATE OF OR CONTRIB DEATH (notify 21 A. ACCIDE OF INJURY (APPROX.) 22. 1 certify that (1) (***)	ashenia, etc. II means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS COME TO THE PROPERTY OF THE PROPER	any, giving sloling the DNTRIBUTING THE TERMINAL RITER OF THE TERM	(B) ASCI DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred to the file At Wark the deceased from 10/	None 20A. AUTOPSY? (Yes or I) No 10 obout 21C. WHERE DID 10 10 10 21F. HOW DID IN	No) 20B, IF YES, WERI IN CERTIFYING C (II In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES nise to the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR CO 19A-DATE OF 19A-DATE	ashenia, etc. II means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITION S CONDITION S CONDITION GIVEN IN PAIR EATED TO TONDITION GIVEN IN PAIR E OPERATION 198. CONWAS PER MIT WAS UNDERLYING DITING CAUSE OF medicol exominer) (Month) (Doy) (Year) That (1) XTM X 10 XPX	any, giving sloling the DNTRIBUTING THE TERMINAL RITER OF THE TERM	(B) ASCI DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred to the file At Wark the deceased from 10/	None 20A. AUTOPSY? (Yes or I) No 10 obout 21C. WHERE DID 10 10 10 21F. HOW DID IN	No) 20B, IF YES, WERI IN CERTIFYING C (II In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES nise to the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR (1) TO THE DEA OR CONTRIB DEATH (notify (APPROX.) 210. TIME OF INJURY (APPROX.) 220. 1 certify that (1) (1) The dea The deal of t	asihenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last, FICANT CONDITION S COME BUT NOT RELATED TO TONDITION GIVEN IN PARTY OPERATION 198. CONWAS PER CONDITION (Nonth) (Doy) (Youth Indian (I) Xth	any, giving sloling the DNTRIBUTING THE TERMINAL RITER OF THE TERM	(B) ASCI DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., ie, form, foctory, street, or injury occurred his At Wark ile At At Wark he deceased from 10/	None 20A. AUTOPSY? (Yes or I) No No No No No No No No	No) 20B, IF YES, WERI IN CERTIFYING C (II In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES nise to the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR (1) TO THE DEA OR CONTRIB DEATH (notify (APPROX.) 210. TIME OF INJURY (APPROX.) 220. 1 certify that (1) (1) The dea The deal of t	ashenia, etc. II means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITION S CONDITION S CONDITION GIVEN IN PAIR EATED TO TONDITION GIVEN IN PAIR E OPERATION 198. CONWAS PER MIT WAS UNDERLYING DITING CAUSE OF medicol exominer) (Month) (Doy) (Year) That (1) XTM X 10 XPX	any, giving sloling the DNTRIBUTING THE TERMINAL RITER OF THE TERM	(B) ASCI DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred his At Wark the deceased from 10/10 (We) (did) (did too)	None 20A. AUTOPSY? (Yes or I) No No No No No No No No	No) 208. IF YES, WERI IN CERTIFYING C (II In Bolton NJURY OCCUR? 19 7.0 3a 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact location 1.0/14 pinian death accurred o
NOTION OF INJURY (APPROX.) DISEASES nise to the UNDERLYIN OTHER SIGNITION TO THE DEA DISEASE OR CONTRIBUTION OF INJURY (APPROX.) 21.1 certify that (1) keeping and haur and haur and 23A. SIGNAT	ashenia, etc. II means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CONTINUES OF THE CONDITION GIVEN IN PARTICULAR OF THE CONTINUES OF THE C	any, giving sloling the DNTRIBUTING THE TERMINAL RITER OF THE TERM	(B) ASCI DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., ie, form, foctory, street, or injury occurred at Walk he deceased from 10/	None 20A. AUTOPSY? (Yes or I) No No No No No No No No	No) 20B, IF YES, WERI IN CERTIFYING C (II In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exoct locotion 10/14 pinian death accurred o
DISEASES nise to the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR (1) TO THE DEA OR CONTRIB DEATH (notify (APPROX.) 210. TIME OF INJURY (APPROX.) 220. 1 certify that (1) (1) The dea The deal of t	ashenia, etc. II means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) of CONDITION last. FICANT CONDITIONS COME TO THE BUT NOT RELATED TO TONDITION GIVEN IN PARTY OPERATION 198. CON WAS PER CONDITION (Nonth) (Doy) (Year) That (1) Xt (X X X X X X X X X X X X X X X X X X	any, giving sloting the DNTRIBUTING THE TERMINAL RT 1 (A). HOUTION FOR WITHOUTH THE PROPERTY OF THE TERMINAL RT 1 (A). HOUTION FOR WITHOUTH THE PROPERTY OF TH	(B) ASCI DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred with the deceased from 10/10 (We) (did) (did wo) where the deceased from 10/10) (We) (did wo) (did wo) where the deceased from 10/10) (did wo)	None 20A. AUTOPSY? (Yes or I No in ol obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 21F. H	No) 208. IF YES, WERE IN CERTIFYING C (II In Boltim HJURY OCCUR? 19 7.0 ta that in (my) (60%) as that in (my) (60%) as	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exoct locotion 10/14 10/14/70
NOTHER SIGNI TO THE DEA DISEASES rise to the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR (1) TO THE DEA TO THE DE TO	ashenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITION S CONDITION OF CONDITION GIVEN IN PARTY OF CAUSE OF medicol exominer) That (I) Xthix bexpxix last saw the decease of fram the causes staure. WE WE NON M.	any, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). CHOUND TO THE	(B) ASCI DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred at Wark ile At Wark he deceased from 1.0/ (X) (did) (did xox) DEGREE Phy	None 20A.AUTOPSY? (Yes or I No in ol obout 21C. WHERE DID finder bidg., INJURY OCCUR? 21f. How DID IN 1/2 27 5 / 19 70 and 1/2 and 1/	(II In Bolton NO) 208. IF YES, WERI IN CERTIFYING C (II In Bolton NJURY OCCUR? 19 7.0 1a 16 Phys. Shoff Phys. aul Place	E FINDINGS CONSIDERED AUSES OF DEATH? Finition death accurred on the printing death accurred
DISEASES nise to the UNDERLYIN OTHER SIGNITIO THE DEAD DISEASE OR OF THE CONTRIBE OF INJURY (APPROX.) 21A. ACCIDE OF INJURY (APPROX.) 22A. SIGNATI 23A. SIGNATI 24A. BURIAL CRI REMOVAL CRI REMOVAL CRI	ashenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) is easier to the conditions continuous continuous continuous cause of the condition of the cause of medical examiner) is easier to the cause of the cause	any, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WAR 1 (A). White the control of the terminal representation of the terminal re	(B) ASCI DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., le, form, foctory, street of the first of the deceased from the deceas	None 20A.AUTOPSY? (Yes or No No No No No No No	(II In Bolton NO) 208. IF YES, WERI IN CERTIFYING C (II In Bolton NJURY OCCUR? 19 7.0 1a 16 Phys. Shoff Phys. aul Place	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exoct locotion 10/14 10/14/70
DISEASES nise lo li UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR OR 19 A. DATE OF 19 A. DATE OF 19 A. CCIDE OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur on 23A. SIGNATI 23C. PHYSICIA NAME (1) 24A. BURIAL CRI REMOVAL CRI REMOV	ashenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) is easier to the conditions continuous continuous continuous cause of the condition of the cause of medical examiner) is easier to the cause of the cause	any, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WAR 1 (A). White the control of the terminal representation of the terminal re	(B) ASCI DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., ie, form, foctory, street, or injury occurred at Wark he deceased from 10/ (X) (X) (did) (did rox) (X) (X) (X) (did) (did rox) (X) (X) (X) (X) (X) (X) (X) (X) (X) (X	None 20A.AUTOPSY? (Yes or I) No No No No No	208. IF YES, WERING CO.	E FINDINGS CONSIDERED AUSES OF DEATH? Finition death accurred on the printing death accurred

THE PARTY OF THE

11.12	() 70	1 - I ma	BALTIMORE CITY	HEALTH DEPARTMEN	NT	170 4 100
BIRTH NO.	0 70	10163	CERTIFICA	TE OF DEAT	H REG. NO	70 10163
1. NAME OF DEC	CEASED HALLA & D	anna	^	2. DA	TE AND HOUR OF DEATH	15:05 P
3. PLACE IN BA	TIMORE MARYLAND V	VHERE PRONOU	NCED DEAD	14. USUAL RESIDENCE		stitution: residence before admission)
FULL NAME OF HOSPITAL OR		TAL OR INSTITU	TION, GIVE STREET	Maryland	COUNTY	15-11
INSTITUTION	ADDRESS OR LOC	A11011)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
12 517	nai Haspin	tal 8	Bal timel	Baltimore E. STREET AND NUMI	BER	AE2 NO
5. SEX				1	ield Avenue	
Female	Negro	WIDOWED		2-6-1935	9. AGE (In years fost birthdoy) 35	If Under 1 17. If Under 24 Hrs. Manths, Days Hours Min.
done during most of	UPATION (Give kind of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	ar fareign country!	12. CITIZEN OF WHAT COUNTRY
Clerk		U.S.	Postal Ser	Maryland		4.5. A.
13. FATHER'S NA	ME	.1		14. MOTHER'S MAIDE	NNAME	1 0110
Joseph	Evans			Eloise Wo	oods	
	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	Julyes, give war at dak	es of servicel	SECURITY NO.	01/2-2-2-	T Harrison 3 22	22 0-16:-13 7
NO 18, // 4			217-30-7430 CAUSE OF DEATH		J. Howard 3/	32 Dolfield Ave
DISEASES (ise to the UN DERLYIN' OTHER SIGNITION TO THE DEAL TO THE	not mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) 3 CONDITION tost.	any, giving stating the MIRIBUTING HE TERMINAL IT I (A). DITION FOR W FORMED (Hour) 21E.	(B) DUE TO, OR AS (C) HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred)	20A. AUTOPSY? (Yes	Or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? e City, give exoct location)
< (APPROXI		White	At Work	· 🗆		
that (We)	that (5) (this hospital	d olive on	10.13-			19 Z
		ted obove. (4)	(We) (did) (district) v	lew the body after de	ath.	
23A. SIGNATU	adolp J- Vien	bus .	M.D. DEGREE Phys	nding Med.	Staff Phys.	23R DATE SIGNED
23C. PHYSICIA NAME (1	Logolfo	S. Vie		SINAL .	Haspital & B	6/Amre
24A. BURIAL CRE REMOVAL (MATION, 248. DATE	24C. NA		MATORY 2		ly, town, or county) (State)
Burial	10-19-	70 Balt	imore Natio	onal Cem.	Baltimore A	Maryland
OCT 1 6 10	BY HEALTH DEPT.	258 NAME OF		25C. FUNERAL DIRE NUTTER FL		ADDRESS 3035 W. NORTH A
VS 150-REV. 1/1/			* + + + +	17 7 4 4		



9-520	BALTIMORE CITY	HEALTH DEPARTMENT		
530 70 101 BIRTH NO.	.64 CERTIFICA	TE OF DEATH	REG. NO	70 10164
1. NAME OF DECEASED (Type or Print)	20.	2. DATE A	ND HOUR OF DEATH	
LUTHER	R. Smitt	+ 111	111-13-	10 1 25 6
3. PLACE IN BALTIMORE MARYLAND WHERE	MANOPH GED PHAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	nstitution: residence before admis:
KILL ALL AME	INSTITUTION CIVE CTOPES	Maryland	XII	15.11
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET 7	C. CITY OR TOWN	D. (A)C	SIDE CITY LIMITS?
10)	Baltimore	D. INS	
27 INGRI	,4	E. STREET AND NUMBER		YES NO
111 01/0	/	3319 Dolfie	1d Avenue	
SEXMale 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	I If the least 1 Very 11 the decree
			lost birthday)	Manths Days Hours Min
	OWED DIVORCED	5-7-1913	57	
OA, USUAL OCCUPATION (Give kind at work 10 & Ki ane during mast of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF WHAT COUN
Warehouseman C 8	P Telephone	Maryland		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Luther R. Smith		F		
	1 6. SOCIAL	Eva M. Butl	er	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give war or dates of se				ADDRESS
No	215-10-3942	Eva M. Smith	3319 Dolf	ield Avenue
18. 4 19 91				APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY	My	DCIADIA1		BETWEEN ONSET AND DE
LEADING TO DEATH	CALIMATE CAL	ice INF	: AACTION	
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAL	H DCARDIAL ISE LWF A CONSEQUENCE OF:	1116 (1010	######################################
heart failure, asthenio, etc. It means the di injury or complication which caused death.	Sease,			
ANTECEDENT CAUSES	CHRONI	C OBSTRUCTION	E LUNG DISE	EUSE
	(B)	A CONSEQUENCE OF:		***************************************
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoting	giving DUE 10, OK AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************	******************************		*******************************
194. DATE OF OPERATION 1108 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	,	NO	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, larm, factory, street, of	n or about 21 C. WHERE DID	(II In Baltimor	re City, give exact location)
DEATH (notify medical examine)	home, larm, factory, street, of	lice bldg., INJURY OCCUR?		
21 D. TIME (Month) (Day) (Year) (House	015 0111000 0000000			
OF INJURY		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not While At Work	•		
22. I certify that (4) (this hospital) atten	ided the deceased from	10 -11	19 70 to 10	19 70
that (1) (we) last saw the deceased allve			* * * * * * * * * * * * * * * * * * *	
		19and th	at in (max) (out) abl	nian death occurred an the c
and have and from the causes stated abo	ive. (#) (We) (did) (d id net) v	lew the bady after death.		
ZZASIGNATURE				238 DATE SIGNED
Totalin H Molony	1 Dhum	nding Med.	Staff Phys.	
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	rnys. —	1
NAME (Type)		DA 7 1	(
THTRICK H IVLOLONY	DEGREE	11 lakcy	LOSPITAL	
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C, NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ity, tawn, or county) (State
	Arbutus Memori	al Park Ra	ltimore Co	. Maryland
	AME OF REGISTRAR	25C, FUNERAL DIRECTOR	LUZINOTU CO	ADDRESS

NUTTER

FUNERAL HOME

3035

W.

NORTH

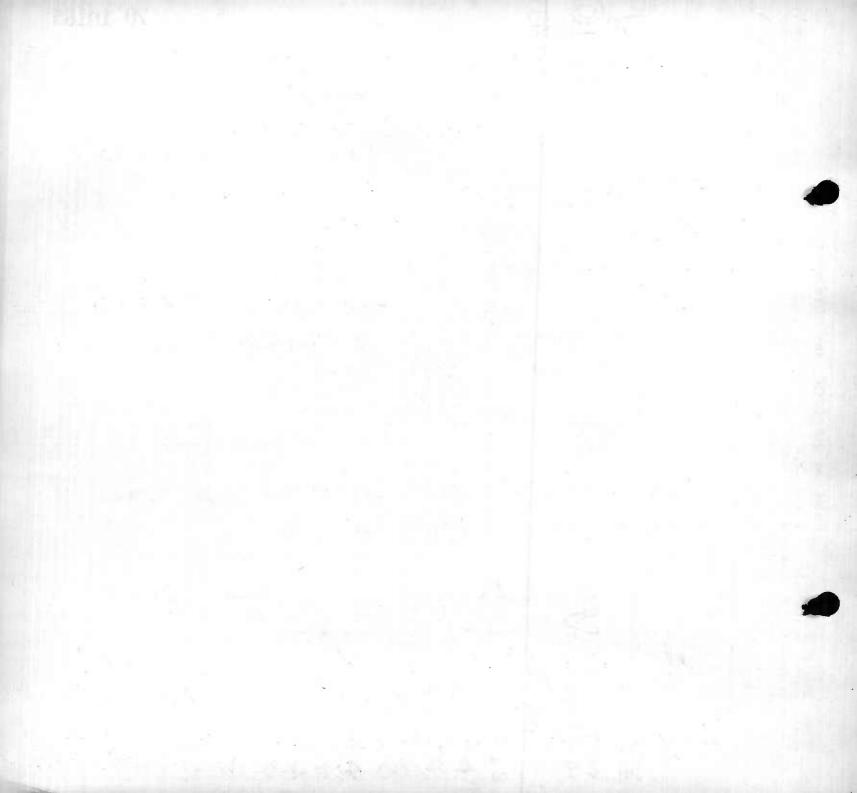
10/23/70 - Hospital record. Mercy Hospital.

DIRECTOR:

FUNERAL

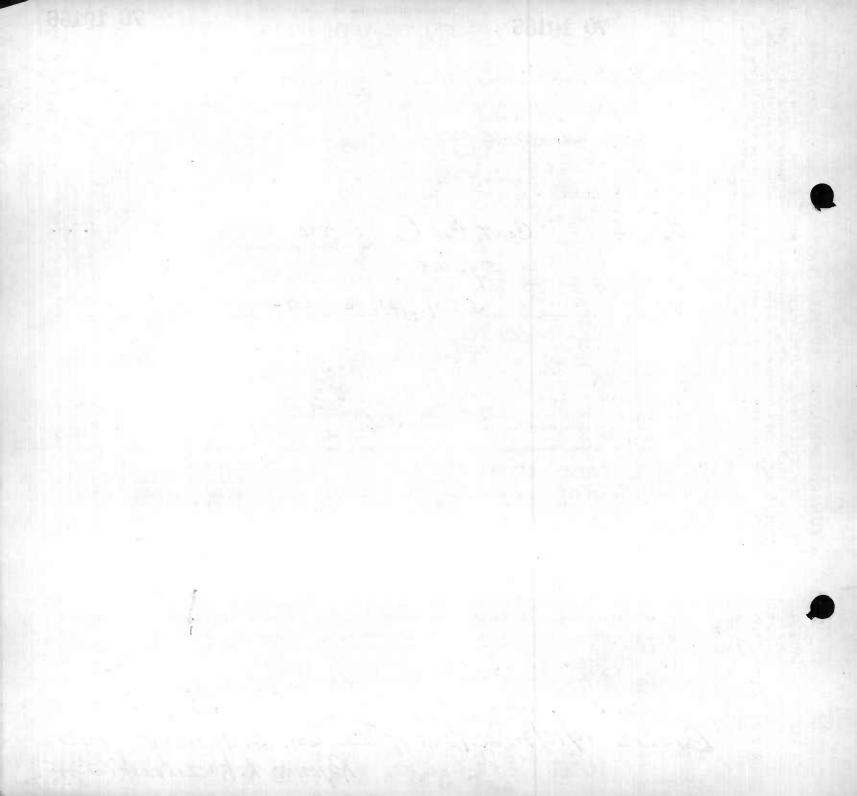
VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

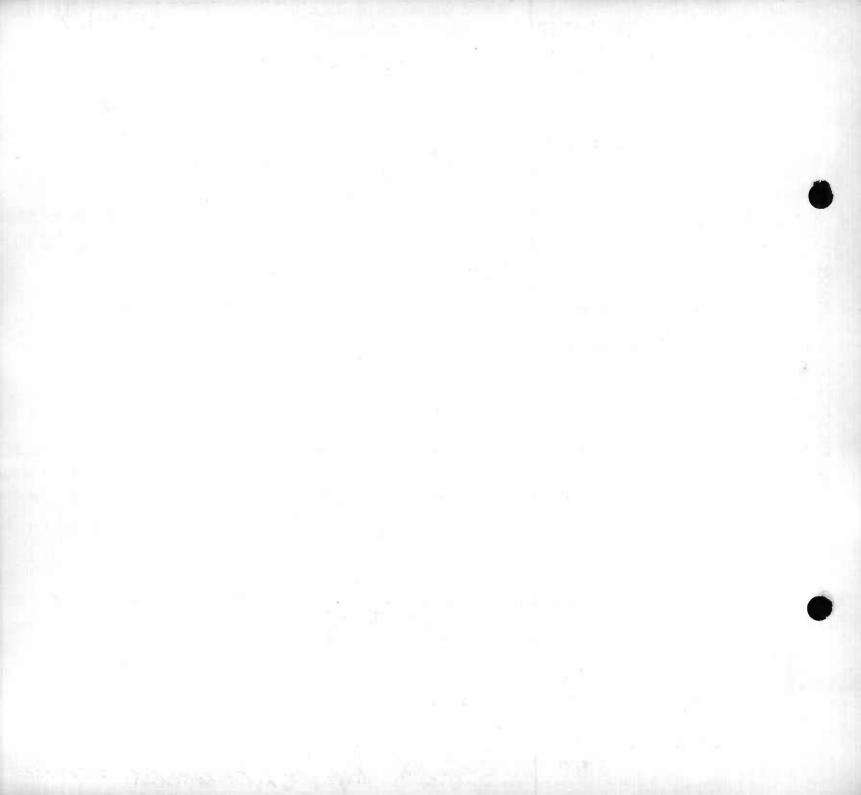


BALTIMORE CITY HEALTH DEPARTMENT

57-76-98



	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 70 10167 CERTIFICATE OF DEATH REG. NO. 70 10167
-	1. NAME OF DECEASED FRANK OF DEATH (Type or Print) FRANK OF DEATH
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	A. STATE 8. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
4	POLARIA CILLER VES Y NOT
1	E. STREET AND NUMBER
1	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. 11 Under 24 Hrs.
	WIDOWED DIVORCED 1-29-26 lost bishdoy) Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME
	10 ALL CALLER MAIDEN NAME
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
1	Wes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. PAPALTE PHANEL NO.
1	CAUSE OF DEATH APPROXIMATE INTERVAL APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the made of dying and
	heort failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)
	ANTECEDENT CAUSES (B) LERMINAL HEPATIC LITZEHONIC
	DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the
	UNDERLYING CONDITION last. (C) TLOTOLISM
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
	DISEASE OR CONDITION GIVEN IN PART 1 (A). UNITED EARTH SUIT NOT RELATED TO THE TERMINAL ODITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IP YES, WEBE FINDINGS, CONSIDERED.
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
-11	OP CONTENTING CALLER OF INJURY TO BOOM IN OF BOOM IN OF BOOM IN THE BOOM IN TH
	Death (notify medical examined) etc.)
I	OF INJURY OF INJURY OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While
I	Work L. At Work L.
1	that (1) (we) last saw the deceased alive an 19 10 and that in (my) (aur) apinian death accurred an the date
1	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
1	23A-SIGNATURE 23B, DATE SIGNED Attending Med. Stoff ST
	23G. PHYSICIAN'S 23G. PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS
	STEPHEN PAPASTEPHANOY NOM CLANELL CYLL TO CHANGE
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D LOCATION (City, town, or county) (Stole)
	BURIAL 10-16-70 HOLY ROSARY (EMETERY BALTIMARE MD.
	25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS PLEET
1	LO BIU Pasers En Valenta KAYMOND L. KACZOROUIK, 2525 FLEET



25C. FUNERAL DIRECTOR

2101 Fred.

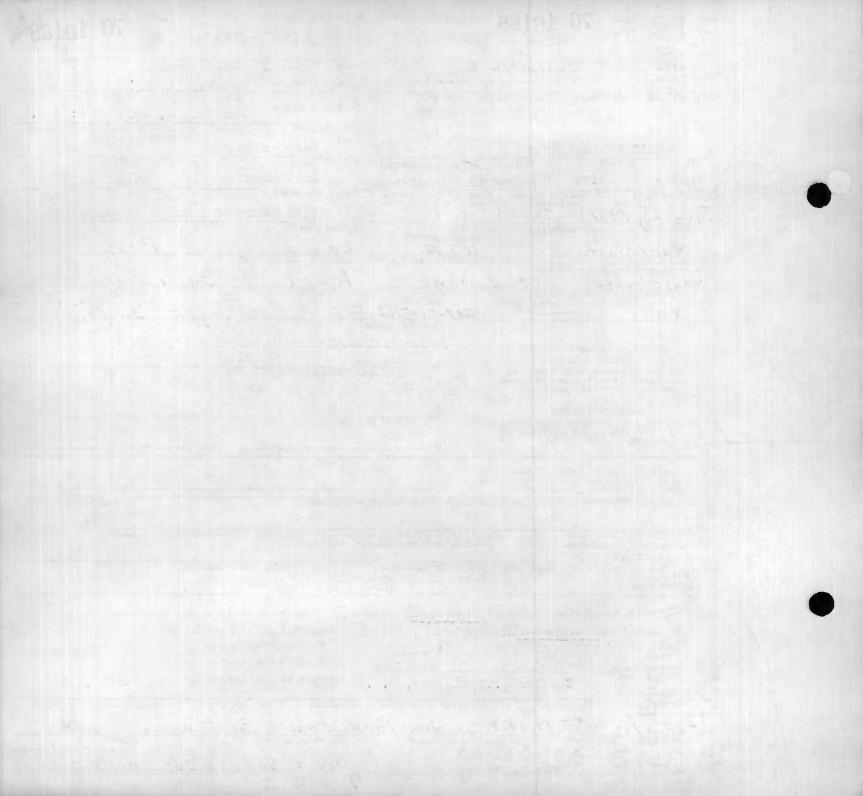
Balle.

25A. DATE REC'D BY HEALTH DEPT.

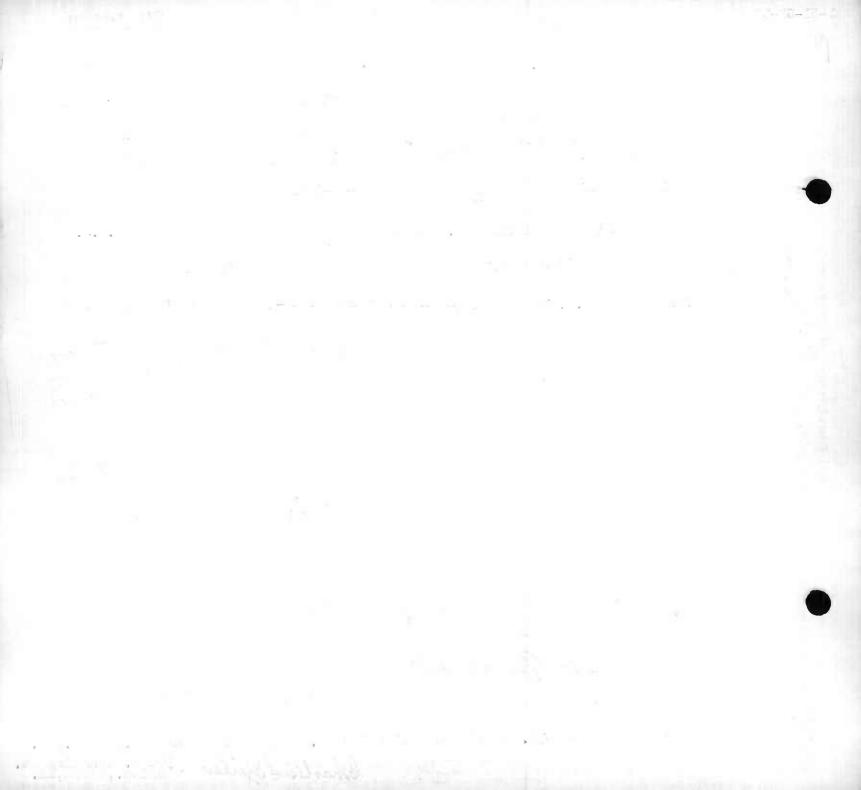
VS 151-REV. 1/1/6B

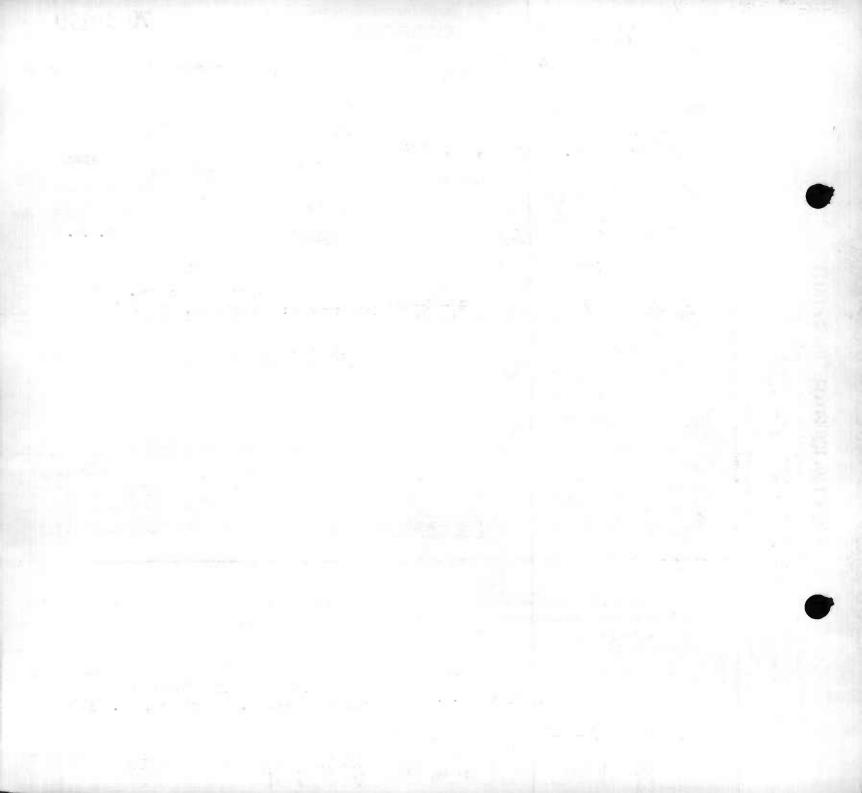
25B. NAME OF REGISTRAR

Jaben M.D.

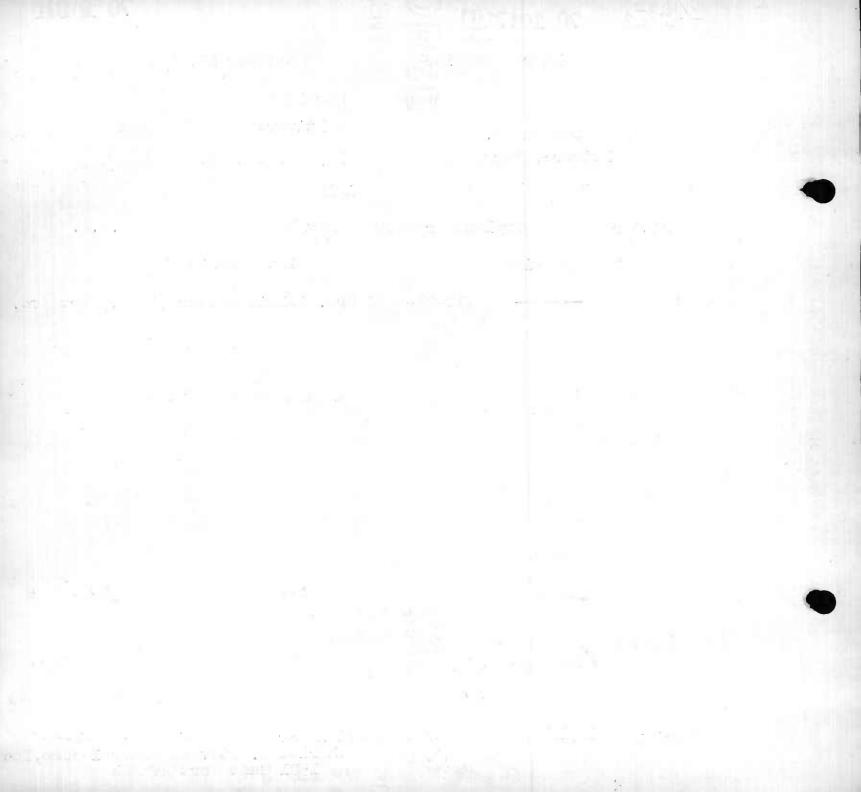


BIRTH NO.	70 1016	9	CERTIFICA	TE OF DEA	TH REG. N	10. 70 1	ln169
1. NAME OF DEC (Type or Print)	LTIMORE MARYLAND,	A. Cave	(FRANCIS	A. CAVEY)	ATE AND HOUR OF E	0 1	1/2: A M
FULL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITATION)	TUTION, GIVE STREET	Maryland		D. INSIDE CITY L	esidence before odmissian) 1-0-3
3/49	Altimore City 40 Eastern Av Altimore, Mary	renue	21224	Baltimor E. STREET AND NUM 2601 Easte	e MBER	YES 3	NO 🗌
5. SEX Male	6. RACE	WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8-27-1915	9. AGE (In year last birthdoy) 55	1 12 11 4	et 1 Yr. If Under 24 Her
done during most of	Guard		Det. Agency	Maryland			ZEN OF WHAT COUNTRY
15. Was Deceased	William	rae?	1 6. SOCIAL	14. MOTHER'S MAID		?	
Yes, no or unknown	W. W. I	s of service)	SECURITY NO. 212-03-8063 CAUSE OF DEAT	Records: BCH	-4940 Easter	n Avenue	ADDRESS 21224
Office of the of	LEADING TO DEATH LEADIN	dying, e.g., the disease, death.)	(A) IMMEDIATE CALL DUE TO, OR AS	GI	Bleedin	9	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Z Jayr 18 mos.
OTHER SIGNIF	G CONDITION lost. ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	NTRIBUTING HE TERMINAL	(c)	Teart	failure		Z. days
U 21A. A CCIDEN	OPERATION 178. CON WAS PERIOR TO WAS UNDERLYING TING CAUSE OF medicol examined	21 B.	PLACE OF INJURY (e.g., i.e., form, foctory, street, of	YOU	OID (If In Bo	Offimore City, give	
21D.TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED le At Not While k At Wark	21F. HOW D	D INJURY OCCUR?		
that (1) (we)	that (() (this hospital	d olive on	ne deceosed from	10/13	19 70 ta_	O/15) opinion death	19 70 h accurred on the date
23A. SIGNATUI	ussell.	Alex	DEGREE Phys	Med. Director	Staff Phys.	23B. DATE	SIGNED /70
24A. BURIAL CREA REMOVAL (S Buria:	Russell Ha		ME of CEMETERY OF CRE	Baltimore, MATORY	4D. LOCATION	(City, town, ar	
SA. DATE REC'D		25B. NAME O	timore Nation	25C FUNERAL DIRI	5501 Freder		Balto.,Md. Conting St.,21224,Md.



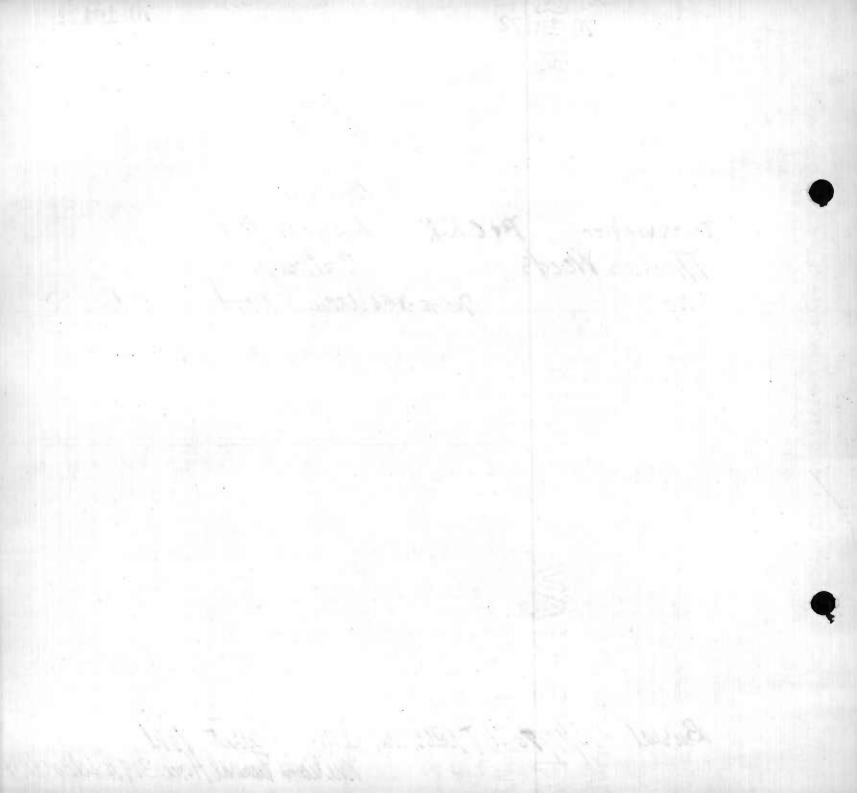


1/ -		BALTIMORE CITY	HEALTH DEPARTMENT		70 10171
4-25	2 70 101	CEDTIEICA	TE OF DEATH	REG. NO.	4.0 101/4
BIRTH NO.		CERTIFICA	TE OF DEATH		
I NAME OF DEC	CEASED		2. DATE AND	D HOUR OF DEATH	
(Type or Print)	Walter	Hawkins	Octobe	er 11, 19	370 M.
3. PLACE IN BAI	LTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	nstitution; residence before admission)
				, 1	300
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland	7	05-03
NSTITUTION	See State		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
00	1636 Ceddox S	t.	Baltimore		YES X NO
10			E. STREET AND NUMBER		
	Baltimore, Ma	ryland	1636 Ceddo:	x St.	
. SEX	6. RACE 7. MA	RRIED NEVER MARRIED		ost bighday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
M	W WIDO	OWED DIVORCED	1/15/07	63	
A. USUAL OCC	UPATION (Give kind of work 10B. KI		11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
	working life, even if retired)		For French		TT C A
Pain		yland Drydock	Maryland		U.S.A.
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAM	1E	
	John Hawkins		Ida I	Mullen	
. Was Deceased	d Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknowr	(If yes, give wor or dates of se	vice) SECURITY NO.			
No		217-01-8024	Mrs. Nellie	Hecker 7	728 E. Fort Ave.
18. 4//), ()	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
Dista	LEADING TO DEATH		Car main	wel	. 1
(This does	nal meon the made of dying;	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	Eccusies	
	asthenia, etc. II means the dis	seose,	A CONSEQUENCE OF:		
injury ar car	mplication which caused death.)		9		-
	ANTECEDENT CAUSES	(0)	Ly pertensore	CV des	sain
DISEASES .	OR CONDITIONS, if any,	giving DUE TO, OR AS			
rise la th	ie obave cause (A) slaling		9		
UNDERLYIN	G CONDITION last.	(C)			
	11				
	FICANT CONDITIONS CONTRIBU				THE RESERVE OF THE PARTY OF THE
IO THE DEA	TH BUT NOT RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A).	INAL		***************************************	
	F OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFFING CA	TOSES OF DEATH?
J 21 A. ACCIDE	NT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If in Boltimo	ore City, give exact facotion)
	UTING CAUSE OF y medical examiner	home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?		
)	y medical examiner	0.000			
OF INJURY	(Month) (Day) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY		While At Work Not While At Work	•		10
					A L'
22. I certify	that (1) (th is heapt al) atten		8/301	9 /D to	Qes 19 10 .
that (I) (we	lost saw the deceased alive	on acr	19 70 and tha	it in (my) (our) op	inion deoth occurred an the dote
and have an	d from the couses stated abo	the same and the s			
23A, SIGNATU		ive. (i) (we) (did) (did not) v	rew the body differ deoffi.		238, DATE SIGNED
234, 3101441		/	nding C Med C	S+-# -	
	Philipwy	Luster DEGREE Phys	nding Med. Director	Staff Phys.	10/13/10
23C. PHYSICIA		S. S	23D. ADDRESS		0
NAME (₩ £	EISTER	302 Pati	Deals a	11 Dalle 1511.
		DEGREE		your or	- TONG
REMOVAL	EMATION, 24B. DATE	4C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (C	City, town, or county) (State)
Buria	70/71/70	Glen Haven Mer	norial Park	Anne Arun	idel, Maryland
		AME OF REGISTRAR			
OCT 1 C	1070 00 00	27 0:0	OHET Tes. T.	brevens	Funeral Home, Inc
70	131.0 Jaber & Ja!	A A C	O 1501 Bas	st Fort A	VENUE

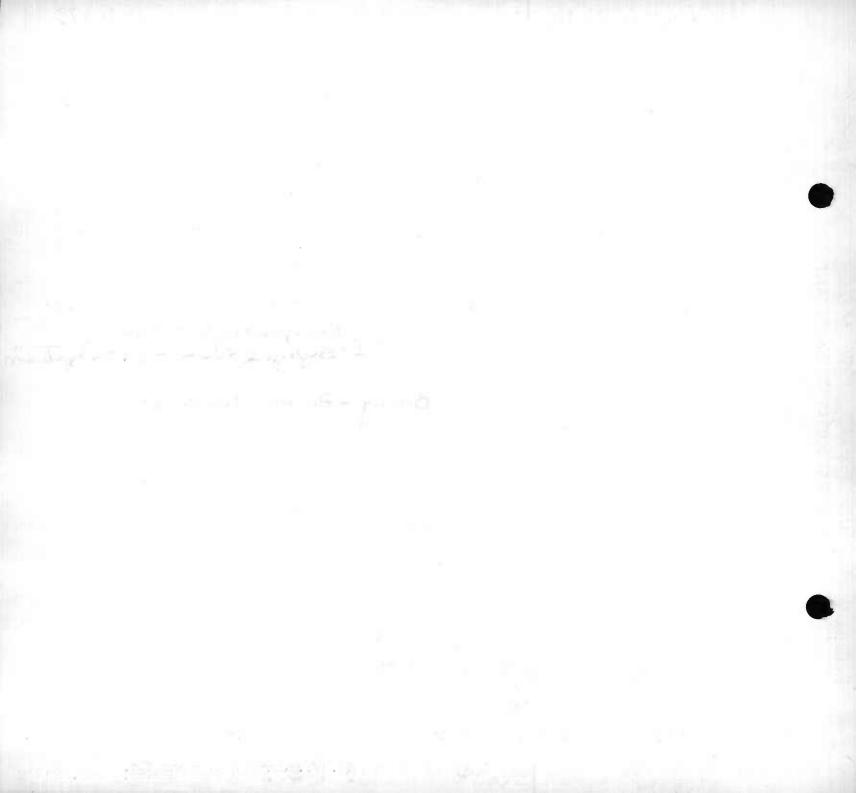


DIRECTOR:

FUNERAL

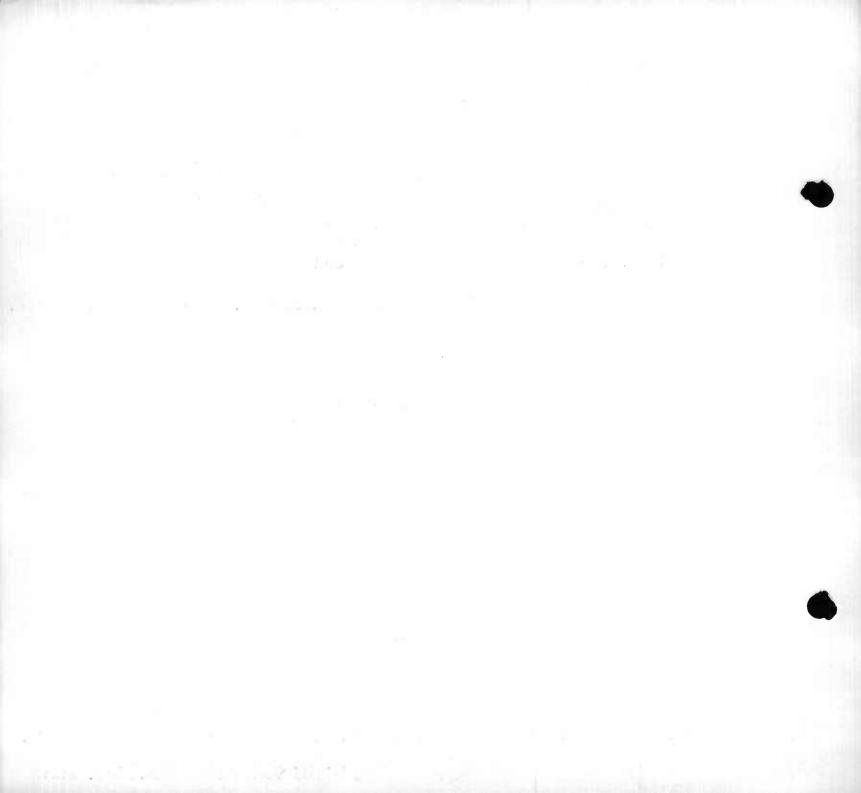


ERTIFICATE OF DECATH INAME OF DECEASED IT HADNE OF DECEASED IT HADNE OF DECEASED IT HADNES OF DECEASED IT HADNES OF DECEASED IT HADNES OF DECEASED INSTITUTION, WHERE FROMORED DIAD A STATE A STATE A DESCRIPTION HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A STATE A DECEASED IN HOSPITAL OR INSTITUTION, GIVE STEET A DECEASED OR COMMITTED HOSPITAL OR INSTITUTION, GIVE STEET A DECEASED OR COMMITTED HOSPITAL OR INSTITUTION, GIVE STEET A DECEASED OR COMMITTED HOSPITAL OR INSTITUTION, GIVE STEED IN HOSPITAL OR INSTITUTION, GIVE STEED	H-200 70 10173	BALTIMORE CITY	HEALTH DEPARTMENT		70 1017	3
S. PACE IN BATHMAN MARINANO, WHERE PRONDUNCED DIAD A. USUAL RESIDENCE FOR deviced lived, II institution residence believe cell institution residence believe cell institution residence believe cell institution residence believe cell institution of the part of the par	/	CERTIFICA	TE OF DEATH	REG. NO	. C LULI	4
2. PLACE IN BALIMORE, MARTLAND, WHEEL PRODUCED DAD 3. PLACE IN BALIMORE, MARTLAND, WHEEL PRODUCED DAD 1. SAME 4. DELTA OF THE PRODUCE DEAD 1. SAME 5. SEE	I. NAME OF DECEASED	, ,	2. DATE A	ND HOUR OF DEATH		
THE NAME OF THE NOTION HOSPITAL OR INSTITUTION, GIVE STREET TO ADDRESS OR LOCATION IN MARTICULAR ADDRESS OR CONDITION DIRECTLY LEADING OF CONDITION DIRECTLY LEADING OF CONDITION DIRECTLY LEADING OF CONDITION DIRECTLY LEADING OF CONDITION DIRECTLY LEADING TO DEATH CONTRIBUTION CAUSE OF CONDITIONS, if any, giving the base of the course of the co	Nancy U. H	colr		13/70		F-1
S. SEE	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	A. STATE B. COU	ere deceased lived. Il in NTY	stitution: residence belon	re odmiss
Saltimore 2015 Ves No	HOSPITAL OR (IF NOT IN HOSPITAL OR INSTIT	UTION, GIVE STREET	md.		9-0	3
SARCE MARRIED NEVER MARRIED S. DATE OF PIRTH P. ARK BY AND THE CONTROL P. SARE IN NOVINGER P. SA	INSTITUTION			D. INS		
S. SEX A. RACE A. MARRIED NEVER MARRIED S. DATE OF RITH S. ADE GO years Months Day	11.11) M.	U	F. STREET AND NUMBER	21218	YES NO	
S. SER	ggonion Memorial	Closp	11 2710 1/1	ando R	cl	
IGA, USUAL OCCUPATION (Gree bind of working) B. KIND OF BUSINESS OR NOUSER'S 11. BETTHEACE (Side or foreign country) MOSC HOME AND	5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Ye., If U	nder 24
ADDESS CONDITION DIRECTY CAUSE OF CONDITION DIRECTY CAUSE OF DEATH CAUSE OF CONDITION DIRECTY CAUSE OF CONDITION OF CONDITION CAUSE CAUSE OF CONDITION OF COND				39	Monins Doys Hour	s Mil
1.4. MOTHER'S MAINE 1.4. MOTHER'S MAIDEN NAME 1.4. M	done during most of working life, even if retired)			A	12. CITIZEN OF WHA	T COUN
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 212-28-8500 17. STOCK 17. INFORMANT 17. INFORMANT 18. INFORMAN	Mousewife Owi	N HOME	Marylan	c) (Belto.)	USA	
15. West Deceased Size in U. S. Armost Process 16. SOCIAL 16. SOCIAL 17. INFORMANT SOCIAL 18. DISEASE OF CONDITION DIRECTLY LEADING TO DEATH EXAMPLE OF CONDITION	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
15. DISEASE OF CONDITION DIRECTLY LEADING TO DEATH EXPRESSION TO DEATH						
CAUSE OF DEATH Chief does not moon the mode of dying, e.g., hoot follow, cill means the disease, injury or camplication which caused death,] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving is to the above cause (A) stoling the UNDERLYING CONDITION lost. III OTHER SIGNIFICANI CONDITION OSTINIBUTING TO THE TERMINAL TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO		SECURITY NO.		0	ADDRESS	
CAUSE OF DEATH			10001	V BROWNIA	6 (SAM	E)
Complete Continuer Conti	(X) / Jr VI/ U	CAUSE OF DEATH		> 1	ABBROYLMAT	E INTERV
DUE TO, OR AS A CONSEQUENCE OF: Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost. (C)	LEADING TO DEATH	7	- 10	- 1	2	-
INDUSTRIBUTION CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION CONTRIBUTIONS UNDERLYING CONDITIONS CONTRIBUTIONS OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION CAUSES OF DEATH? OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION CAUSES OF DEATH? OTHER SIGNIFICANT CONTRIBUTION CAUSES OF DEA	(This does not moon the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE F F S CONSEQUENCE OF:	o voucs	" ("or Tax by	perles
DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) III OTHER SIGNIFICANI CONTRIBUTION (C) III OTHER SIGNIFICANI C) III OTHER SIGNIFICAN	injury or camplication which caused death.)					
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tost. Co		(B) BILIN	y - Archli	c (in hosi	0,	
UNDERLYING CONDITION lost. (C)	rise to the above cause (A) stoling the	DUE TO, OR AS	A GONSEQUENCE OF:			
THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN TART 1 (A). DISEASE OR CONTRIBUTION GIVEN IN TART	UNDERLYING CONDITION lost.	(c)	***************************************			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) In the contribution of the course of the cour	Z OVER SIGNISION					
DEATH (nolify medicol exomined)	O THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************	***************************************			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) DEATH (notify medical examined) Advantage of Injury Occurred (Notifice bldg, olica) Part (notify medical examined) 21D. TIME (Month) (Doy) (Yeer) (Hour) While At Work At Work At Work 22. I certify that (1) ((his hospital) attended the deceased fram 10 for 70 and that in (my) (our) opinion death accurred an the and haur and fram the causes stated abave. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Phys. Attending Med. Director Phys. 23D. ADDRESS NAME (Type) 23D. ADDRESS Attending Med. Director Med. Phys. 23D. ADDRESS DEGREE MOYAL (Specify) Burial 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Baltimore, Mod. Baltimore, Address Add	19A. DATE OF OPERATION 19B. CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE F	INDINGS CONSIDERED)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) In the contribution of the course of the cour	10/12/70 Was rear abo	DUP	160	IN CERTIFYING CAL	JSES OF DEATH?	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At Work 22. I certify that (I) (Chis hospital) attended the deceased fram 10/07/70 19 70 to 10/13 19 70 that (II) (we) last saw the deceased alive an 10/13 19 70 and that in (my) (our) opinion death accurred an the and haur and fram the causes stated abave. (II) (We) (dis) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Phys. DEGREE Phys. 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specily) BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Baltimore, ADDRESS	OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or about 21 C. WHERE DID	(If In Bollimore	City, give exact location	n)
While At Work Not While Not Work Not While Not Work Not While Not Work Not Wo	O DEATH (nolity medical examine)					
Work At Work 22. I certify that (I) ((his hospital)) attended the deceased from 10/17/70 19 20 to 10/13 19 70 that (II) (we) last saw the deceased alive an 10/13 19 70 and that In(my) (our) opinion death accurred an the and haur and from the causes stated abave. (II) (We) (did) (did nat) view the body after death. 23A. SIGNATURE Attending Med. Stroff Phys. Director Phys. Dire	S OF INJURY			URY OCCUR?		
that (11)(we) last saw the deceased alive an 10/13 19 70 and that in (my) (our) opinion death accurred an the and hour and from the causes stated abave. (11)(We) (did) (did nat) view the body after death. 23A. SIGNATURE Attending Med. Shaff 10/13/70	World	rk LJ At Work				
and haur and fram the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Staff 10 13 70						19 70
23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S 23C. PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Stol Burial 10-16-1970 Baltimore Baltimore, Mc.			19 <u>/0</u> and th	at in (my) (our) opin	lan death accurred (on the d
Attending Med. Stoff Director	23A. SIGNATURE	V(We) (did) (did nat) vi	ew the body after death.		loop DARK CLOSE	
23D. ADDRESS NAME (Type) Comar D. Crothers MD DEGREE Union Memorial Hosp 24A. BURIAL CREMATION, REMOVAL (Specily) Burial 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25D. ADDRESS	Emas DC H		ding Med.	Shaff [V]	160 / 10	
Omar D. Crothers Union Memorial Hosp 24A. BURIAL CREMATION, REMOVAL (Specily) Burial 10-16-1970 Baltimore Baltimore, Mc 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	23C. PHYSICIAN'S	DEGREE		Phys. JA	10/13/70	2
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole 10-16-1970 Baltimore Baltimore Baltimore ADDRESS				norial H	050	
Burial 10-16-1970 Baltimore Baltimore, Mc 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		ME of CEMETERY OF CRE				(Stole
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	Burial 10-16-1970				o comy	Md
10:16 PM 16 6 F 17. C. New 1 0 o AH. W. E. Jenkins & Sons Co			25C. FUNERAL DIRECTOR		ADDRESS	
10 10 5/0 1666 2 Name 12 0 0 9 14905 70 1 Road Batto: , Md. 212	OCT 16 1970 Robert E. Jaiber 1	420 0 0 n			alfo: Md	212



DIRECTOR:

FUNERAL

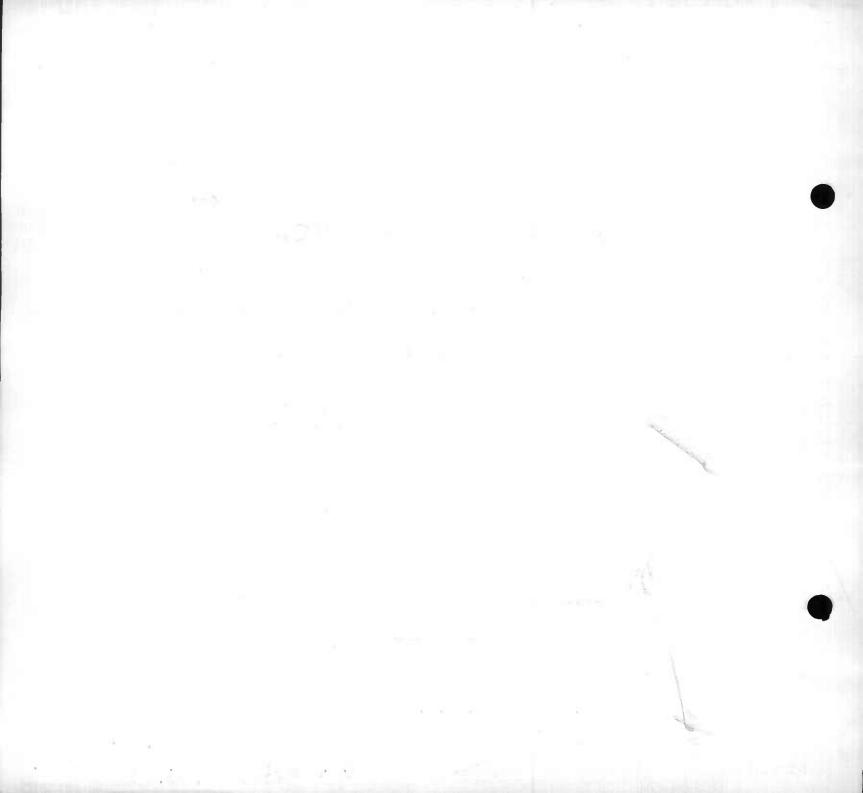


DIRECTOR:

FUNERAL

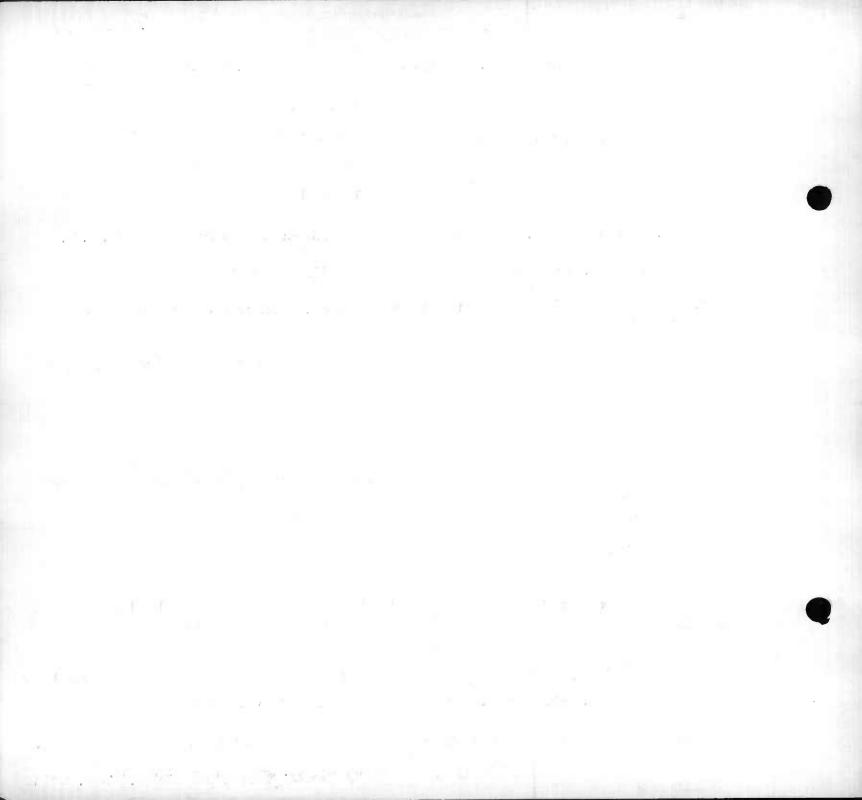


	0101	BALTIMORE CITY	HEALTH DEPARTMENT	70 404770
BI	70 101'	76 CERTIFICA	TE OF DEATH	3. NO. 70 10176
1.	NAME OF DECEASED		2. DATE AND HOUR O	F DEATH
	FRANCIS JOHI	O CARR	10/15/	70 1 105 Am
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where deceases) A. STATE B. COUNTY	lived. Il institution: residence belore admission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MD.	27-12
IN	ZILLO HON ,		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	& UNIVERSITY K	JATI 920t	E. STREET AND NUMBER	YES NO
-	00		208 WITHER	SPOON RD
5.	SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In lost birthdoy	years If Under 1 Yr. If Under 24 Hrs.
	M WIDOV		X.6.07	49
t0,	LUSUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
	CETIRED and	erson + Ireland	N. Garolina	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	JAMES J. BAG	JEP .	VIOLA JA	NES
5. Ye	Wes Decessed Ever in U. S. Armed Ferces? s.no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
7	No	212.07.600	3 mas & mathe	Car Sans
_	18. / 29 0	CAUSE OF DEAT	1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	se Metastatie mo	ilignaren 2 yrs.
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
	injury or camplicolian which caused deoth.)	h. o	1	
	ANTECEDENT CAUSES	(B) Make	Mancy, Dremany S	de un known
	DISEASES OR CONDITIONS, if any, giverise to the obove couse (A) stoling	ing DUE TO, OR AS	A CONSEQUENCE OF:	ial
	UNDERLYING CONDITION last.	(c)	·	
Z	II			
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL		
CATI	DISEASE OR CONDITION GIVEN IN PART 1 (A).	100000000000000000000000000000000000000	20A. AUTOPSY? (Yes or No.) 20B, IF YE	C. Webs Shiplings Considers
CERTIFI	WAS PERFORMED	ok which orekanok		S. WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
5	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID (If	In Boltimore City, give exact location)
A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, form, foctory, street, of	ice bldg., INJURY OCCUR?	
200	21D-TIME (Month) (Doyl (Yearl (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCU	7
ξ	OF INJURY (APPROX.)	While AI Not While		•
	22. I certify that (I) (this haspital) attende	Work L Al Work		A-1
			19 70 to	<u>OCT 15</u> 19 6
	that (I) (we) last saw the deceased alive		and that in (my)	apinian death accurred on the date
	and hour and fram the causes stated obave), (1) (200) (dld) (dld not) v	ew the body after deoth.	
	Kan D D Mar A	Atter	nding Med. Staff	23 B. DATE SIGNED
	23C.PHYSICIAN'S	DEGREE Phys	Director Phys.	10/15/70
	NAME (Type)		3D. ADDRESS	
24.4	Karl L. Meely.	Jr. M.D. DEGREE	Staff-Universit	
	REMOVAL (Specify)	NAME of CEMETERY of CRE		(City, lown, or county). IStotel
_		ruid Ridge Ce		e, Co. Md.
(3)	1717 0 10 mrmm (.) 10 0 (1 1 .c. 12	AE OF REGISTRAR	25C. FUNERAL DIRECTOR HOW Jerkins Sons	Co. 4905 York Rd.
10	150-REV. 1/1/68	3: 4 0	How Herking Sons	Md. 1/21212
-	100-05-10 1/ 1/00			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

1 TOWN 102		HEALTH DEPARTMENT	REG. NO.	70 10177
BIRTH NO. /U 101	// CERTIFICA	TE OF DEATH		
(Type or Print) Norwood	B. Falconer	C	ot. 18, 1970	18 5 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived, II i	nstitution: residence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	Maryland		27-12
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
Long Green Nursir	ng Home	Baltimore		YES NO
70		106 Withers		
WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12-27-1894	9. AGE (In years lost birthdoy) 75	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTR
Ret'd. Falconer Co.	Stationery	Baltimore,	Maryland	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Charles E. Falcone	r	Alice Ma	gkel	
5. Was Deceased Ever in U.S. Armed Farces? Yes, no or unknown) (If yes, give wor or detes of ser	vice) 1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes WWI	214-01-4120	A Mrs. Doro	thy H. Falc	coner Same
18. // 8 / Y I	CAUSE OF DEATE	1		APPROXIMATE INTERVAL
UNDERLYING CONDITION (ost. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	(c)	* Carrel	A.T	
VENIII DUI INUI KELAIEU IU IME IEKMI		VI SUNTA	01/11/11/2011	ph Vier
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes, or P	No) 20B, IP YES, WERE	FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A- AUTOPSY? (Yes or P	No) 208, IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED	FOR WHICH OPERATION	or obout 21C, WHERE DID		FINDINGS CONSIDERED USES OF DEATH? e City, give exect location)
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, all	or obout 21C, WHERE DID	(If In Baltimor	
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, afficial injury occurred) 21E. INJURY OCCURRED While At Not While	1 or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimor	
19A-DATE OF OPERATION 19R. CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol oxominet) 21D-TIME (Month) (Doy) (Yeor) (Hour) (APPROX.)	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, after) 21E. INJURY OCCURRED While At Not While At Wark	1 or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Ballimor	e City, give exect location)
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medicol oxomines) 21D-TIME (Month) (Doy) (Yeor) (Hour) (APPROX.)	FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, farm, foctory, street, affect) 218. INJURY OCCURRED While At Not While At Wark ded the deceased from 10	1 or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Ballimon	e City, give exect location)
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (MINS(HASPNOK) ottended that (1) (we) last saw the deceased alive	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, affect.) 21E. INJURY OCCURRED While At Not While Work Not While At Wark ded the deceosed from 1000000000000000000000000000000000000	21F. HOW DID IN	(If In Ballimor	e City, give exect location)
19A-DATE OF OPERATION 19R. CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medicol exemines) 21D-TIME (Month) (Doy) (Yeer) (Hour) OF INJURY (APPROX.)	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, affect.) 21E. INJURY OCCURRED While At Not While Work Not While At Wark ded the deceosed from 1000000000000000000000000000000000000	21F. HOW DID IN	(If In Ballimor	I O/13 19 70
19A-DATE OF OPERATION 19R. CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exemines) 21D-TIME (Month) (Doy) (Yeen) (Hous) OF INJURY (APPROX.) 22. 1 certify that (1) (Mixs/Hisphall) ottend that (1) (we) last saw the deceased alive and hour and from the causes stated about	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, affect) 21E. INJURY OCCURRED While At Not While At Wark ded the deceosed from On On On Other Action (Me) (did) (did net) vi	21F. HOW DID IN 21F. HOW DID I	(If In Baltimor	10/13 19 70 nion death accurred on the date
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medicol oxomines) 21D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 22. I certify that (I) (thxx/h/4) that (I) (we) last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, affect, of the street, affect, of the street,	21F. HOW DID IN	(If In Baltimor	10/13 19 70 nion death accurred on the dat 23R DATE SIGNED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol oxomines) 10 TID. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 22. I certify that (I) (MAX/MAPNOX) ottend that (I) (we) last saw the deceased of ive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Richard	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., inhome, farm, foctory, street, affect) 21E. INJURY OCCURRED While At Not While At Wark ded the deceased from On Attended the deceased from George Phys. Gundry GEORGE	21F. HOW DID IN 21F. How DID I	(If In Baltimor	10/13 19 70 nion death accurred on the dat 23R DATE SIGNED 10/15/7
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol oxominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (KIX KIM **PINC*) ottend that (I) (We) last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Richard 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, affect.) 21E. INJURY OCCURRED While At Not While At Wark ded the deceosed from On Attention on George Phys GEORGE Attention of CEMETERY of CREET	21F. HOW DID IN 21F. How DID I	(If In Baltimor	23R DATE SIGNED 10/15/7
19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (i) (Mixs(hispital) ottend that (i) (we) last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Richard 4A. BURIAL CREMATION, 1248, DATE	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, affect.) 21E. INJURY OCCURRED While A1 Not While A1 Wark ded the deceosed from 10 on 3 vec (1) (We) (did (did net) vi GEGREE Phys. GUNDRY GEGREE Greenmount	21F. HOW DID IN 21F. How DID I	(If In Baltimor	10/13 19 70 nion death accurred on the day 23R DATE SIGNED



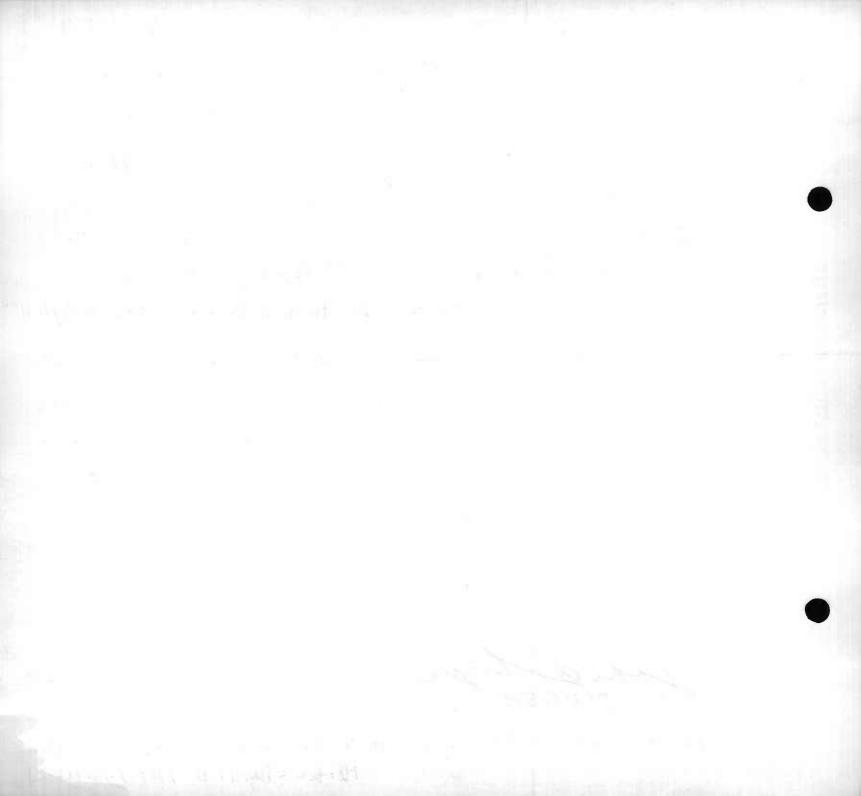
FUNERAL DIRECTOR: IMPORTANT

	NAME OF DECE	Warn M'			17 I3ATE			
(Ty	pe ar Print)	George)avis			ober 12, 1		
3.	PLACE IN BALT	IMORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived	Il institution; re	sidence bef
FI	ILL NAME OF	IE NOT IN HOSPITA	A1 On 1110		A. STATE E. COL	YTNL		2
H	OSPITAL OR	ADDRESS OR LOC	ATION)	TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	- In		1-03
	JIII O II O II				BALTIMORE	Б.	INSIDE CITY LI	MIIS? NO
	00	817 N. Fr	emont A	Venue	E. STREET AND NUMBER		153 [2]	NO
L		017 II. 11	CIIIOITE 7	vende	817 N. Fremo	nt Avenue		
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED			Il Under	1 Yı. II Doys Hou
1	1ale	Negro	WIDOWED	X DIVORCED	1 7-29- 1887	9. AGE (In years last birthdoy)	Months	Doys Hou
10/	USUAL OCCU	PATION (Give kind of work	108 KIND O	F BUSINESS OR INDUSTR	IY 11. BIRTHPLA CE (State or lo	reign country)	12. CITIZ	EN OF WH
aor	Retired	orking life, even if retired)			Accomack Co.,	•		
13.	FATHER'S NAM	IE .			14. MOTHER'S MAIDEN N			J.S.A.
15		Davis	2	11 (2000)	Grace Edward	S		
(Ye	s, na or unknawn)	Ever in U.S. Armed Far (If yes, give war ar date	ces: s of service)	SECURITY NO.	17. INFORMANT		Mol	APPESS /
	Yes	World War 1		217-07-5908	Mrs. Sadonia	Thomas 17	04 Buck	
	18.404	XI		CAUSE OF DEA				APPROXIM/
	DISEASE	OR CONDITION DI	RECTLY	Atturent	who Cardes	vasculas !	und?	ETWEEN ON
		EADING TO DEATH	1.1	(A) IMMEDIATE CA	Juste Cardio	ui.		Carea
	Titule does no	f mean the mode of	aying, e.g.,		A CONSEQUENCE OF:			
	hearl lailure, a	sthenia, etc. If means	the discose.		A CONSEQUENCE OF:		1	
	injury or camp	sthenia, etc. It means licotion which caused	the disease, death.)		A GONSEGUENCE OF:			
	injury or camp	sthenia, etc. It means licotian which caused NTECEDENT CAUSES	death.)	Esent	id thereste	rsur.		orgen
	injury or camp Al DISEASES OR	sthenia, etc. It means licotion which caused NTECEDENT CAUSES CONDITIONS, if	death.)	Esent	A CONSEQUENCE OF:	rsin.		Loyen
	DISEASES OR	sthenia, etc. It means licotian which caused NTECEDENT CAUSES	death.)	(B) Esent	id thereste	nsur.		loyen
	DISEASES OR	sflenia, etc. If means licofian which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A)	death.)	Esent	id thereste	rsur.		Corgen
NO	DISEASES OR rise to the UNDERLYING	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost.	ony, giving stating lhe	(B) Esent	id thereste	rsur .	(logu
ATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost.	ony, giving stofing the	(B) Esent DUE TO, OR A	id thereste	rsur.		logu
CAT	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. LANT CONDITIONS COMBUT NOT RELATED TO THE NOT RELATED TO THE NOT RELATED TO THE NOTITION GIVEN IN PART OPERATION 1198. CON	ony, giving stating the NTRIBUTING TE TERMINAL TO (A).	(B) Esent DUE TO, OR A	id thereste	No. 208 IF YES, WE	RE FINDINGS	CONSIDERE
RTIFICAT	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITIONS COINDITIONS COINDITIONS COINDITIONS COINDITIONS COINDITION GIVEN IN PARTOPERATION 198 CONWAS PERF	death.) ony, giving stating the NTRIBUTING TERMINAL I I (A). ORMED	(B) DUE TO, OR A	S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N	IO) 208. IF YES, WE IN CERTIFYING	RE FINDINGS (CAUSES OF D	CONSIDERE EATH?
CERTIFICATI	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUTORS CONTRIBUTIONS	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost.	death.) Ony, giving stofing the STRIBUTING HE TERMINAL 1 1 (A). DITION FOR VORMED	(B) DUE TO, OR A (C) WHICH OPERATION	20A. AUTOPSY? (Yes or No		RE FINDINGS CAUSES OF D	
CAL	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF C	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost.	death.) Ony, giving stofing the STRIBUTING HE TERMINAL 1 1 (A). DITION FOR VORMED	(B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form,	S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N			
ICAL CERTIFICATI	DISEASES OR tise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTION OR CONTRIBUTION DEATH (notify in 210-time (sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost.	ony, giving stofing the NTRIBUTING (E TERMINAL 1) [A). DOITON FOR NORMED 21B. hometc.]	(B) COUNTY (C)	20A. AUTOPSY? (Yes or holding a obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Balti		
ICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C 21A. ACCIDENT OR CONTRIBUTE DEATH (notify many)	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. CANT CONDITION SCOT BUT NOT RELATED TO THOUSE OF CONDITION PAR OPERATION 198. CON WAS PERFORMED CAUSE OF medical examined	death.) Ony, giving stating the STRIBUTING (E TERMINAL 1) (A). ORMED 21B, ham etc.] (Haun) 21E, Whi	(B) COUNTY (C)	20A. AUTOPSY? (Yes or holding a obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Balti		
MEDICAL CERTIFICATI	DISEASES OR tise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTION OR CONTRIBUTION OF THE	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. CANT CONDITION 10st. CANT CONDITIONS COLOR BUT NOT RELATED TO THOUSE TO THE CONDITION GIVEN IN PARTOPERATION 19R. CONTING CONTING CAUSE OF nedical examined Month (Day) (Year)	death.) ony, giving stating the NTRIBUTING SE TERMINAL 1 (A). olition FOR VORMED (Haun) 21E, Whi Wai	(B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, or the str	20A. AUTOPSY? (Yes or holding a obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Balti		
MEDICAL CERTIFICATI	DISEASES OR tise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF C 21A, ACCIDENT OR CONTRIBUTE DEATH (notify in CAPPROX.) 22. 1 certify the contribute of the contri	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. CANTCONDITION lost. CANTCONDITIONS CO! BUT NOT RELATED TO THOUSE OF LOST CONDITIONS CO! BUT NOT RELATED TO THOUSE OF LOST CONDITIONS CO! WAS PERFORMED CAUSE OF LOST CONDITIONS CO! WAS PERFORMED CAUSE OF LOST CONDITIONS CO! CAUSE OF LOST CO! C	Ony, giving stating the NTRIBUTING SE TERMINAL 11 (A). DOITION FOR VORMED 21E, Why War 21E, Why was attended the state of	(B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, or the str	20A. AUTOPSY? (Yes or Note of both of the bidge, INJURY OCCUR?	(If In Bolti	mare City, give	exact lacati
MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify in DEATH (notify in CAPPROX.) 210. TIME (APPROX.)	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. CANT CONDITION S. CANT CONDITIONS COMMAN CONDITION SIVEN IN PARTICIPATION SIVEN IN PARTICIPATION SIVEN IN PARTICIPATION SIVEN SERVING CAUSE OF medical examined (Day) (Year) Monthl (Day) (Year) That (1) (this hospital) sets saw the deceased	Ony, giving stofing the STRIBUTING SETERMINAL 1 1 (A). DITION FOR VORMED 21E, White Wall of the store of the	(B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., te, form, factory, street, or the factory) INJURY OCCURRED ille At	in or about 21 C. WHERE DID office bidg., INJURY OCCUR?	(If In Bolti	mare City, give	exact lacati
MEDICAL CERTIFICATI	DISEASES OR tise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CO 21A, ACCIDENT OR CONTRIBUT DEATH (notify in CAPPROX.) 22. I certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. LANT CONDITION SCOT BUT NOT RELATED TO THE NOTION SIVEN IN PAR OPERATION 198. CON WAS PERFORM CAUSE OF nedicof examined (1) (this hospital) ast saw the decease fram the causes state.	Ony, giving stofing the STRIBUTING HE TERMINAL 1 1 (A). DITION FOR VORMED 21E, White Wall of the Strike Wall	(B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., te, form, factory, street, or the factory) INJURY OCCURRED ille At	20A. AUTOPSY? (Yes or Note of both of the bidge, INJURY OCCUR?	(If In Bolti	mare City, give	exact lacati
MEDICAL CERTIFICATI	DISEASES OR tise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTION OR CONTRIBUTION (APPROX.) 21A-ACCIDENT (APPROX.) 22. I certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. LANT CONDITION SCOT BUT NOT RELATED TO THE NOTION SIVEN IN PAR OPERATION 198. CON WAS PERFORM CAUSE OF nedicof examined (1) (this hospital) ast saw the decease fram the causes state.	Ony, giving stofing the STRIBUTING HE TERMINAL 1 1 (A). DITION FOR VORMED 21E, White Wall of the Strike Wall	(B) DUE YO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, or injury occurred he deceased from the deceased fro	20A. AUTOPSY? (Yes or Notice bidg., INJURY OCCUR? 21F. HOW DID IN 19 7 - and to the bady after deather	(If In Balli	mare City, give	exact lacation
MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. ANT CONDITION S. CANT CONDITIONS COLOR BUT NOT RELATED TO THE NOT RELATED TO THE NOTION COLOR PERATION 198. CON WAS PERFORMED CAUSE OF medical examines) Monthi (Day) (Year) That (1) (this hospital) ast saw the decease from the causes state.	Ony, giving stofing the STRIBUTING HE TERMINAL 1 1 (A). DITION FOR VORMED 21E, White Wall of the Strike Wall	(B) DUE YO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, or injury occurred he deceased from the deceased fro	in or about 21C, WHERE DID office bidg, INJURY OCCUR? 21F. HOW DID IN the bidg of the bidg of the bidg of the bidg of the bidg. 19 70. and the bidg of the bidg	(If In Balli	mare City, give	exact location
MEDICAL CERTIFICATI	DISEASES OR tise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CO 21A-ACCIDENT OR CONTRIBUTION (APPROX.) 22. I certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. I CONDITION S. SANT CONDITIONS CONDITIONS CONDITION STATEMENT TO SERVING THE CONDITION STATEMENT TO SERVING TO SERVING TO CAUSE OF medical examined to serving the cause of the cause statement serving	Ony, giving stofing the STRIBUTING HE TERMINAL 1 1 (A). DITION FOR VORMED 21E, White Wall of the Strike Wall	(B) DUE YO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., re, form, factory, street, or any factory, street, or any factory) INJURY OCCURRED INJURY OCCURRED At Work the deceased from At Work A the deceased from At the deceased from the	in or about 21C, WHERE DID office bidg, INJURY OCCUR? 21F. HOW DID IN the bidg of the bidg of the bidg of the bidg of the bidg. 19 70. and the bidg of the bidg	(If In Bolti	mare City, give	exact lacation
MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 21A. ACCIDENT OR CONTRIBUT DEATH (notify in CONTRIBUT DEATH (notify in CONTRIBUT (APPROX.)) 22. I certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. I CONDITION S. SANT CONDITIONS CONDITIONS CONDITION STATEMENT TO SERVING THE CONDITION STATEMENT TO SERVING TO SERVING TO CAUSE OF medical examined to serving the cause of the cause statement serving	Ony, giving stofing the STRIBUTING HE TERMINAL 1 1 (A). DITION FOR VORMED 21E, White Wall of the Strike Wall	(B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., te, form, factory, street, or the first of the deceased from the deceased f	in or about 21 C, WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN the bidy after death. 23D. ADDRESS 4215 Park How	(If In Balli	ppinian death	accurred
MEDICAL CERTIFICATI	DISEASES OR tise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CO 21A, ACCIDENT OR CONTRIBUT: DEATH (notify in Contribut) DEATH (notify in Contribut) DEATH (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. LANT CONDITION SCOTE BUT NOT RELATED TO THE NOTIFIC ON SECONDITION SIVEN IN PAR OPERATION 198 CON WAS PERFORMED CAUSE OF nedicof examined (1) (this hospital) ast saw the decease fram the causes state of the causes state of the cause of t	death.) ony, giving stating the NTRIBUTING SE TERMINAL 1 (A). DOITON FOR NORMED (Hauri 21E, Whi War attended the dalive an ed abave. (I	(B) DUE YO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, or factory	20A. AUTOPSY? (Yes or Note of the property of	(If in Balli JURY OCCUR? 19 6 ta hat M(my) Jumps Shaff Phys.	opinian death	accurred
MEDICAL CERTIFICATI	DISEASES OR tise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CO 21A, ACCIDENT OR CONTRIBUT: DEATH (notify in Contribut) DEATH (notify in Contribut) DEATH (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	sthenia, etc. If means licotion which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. CANT CONDITION S. CANT CONDITIONS COMMAN CONDITION SIVEN IN PARTICIPATION SIVEN IN PARTICIPATION SIVEN IN PARTICIPATION SIVEN STATE CONTROL CAUSE OF medical examined (I) (this hospital) ast saw the decease fram the causes state of the causes state of the causes state of the cause of the cause state of the cause of the	Ony, giving stating the STRIBUTING SE TERMINAL 1 1 (A). DITION FOR VORMED 21E, White War and address of the State	(B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., te, form, factory, street, or the first of the deceased from the deceased f	in ar about 21 C, WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN the bady after deathers. 22D. ADDRESS 4215 Park How DID IN Director	(If in Balli JURY OCCUR? 19 6 ta hat M(my) Jumps Shaff Phys.	opinian death	accurred

y 36 And the first that th ne promise and the second second

DIRECTOR:

FUNERAL

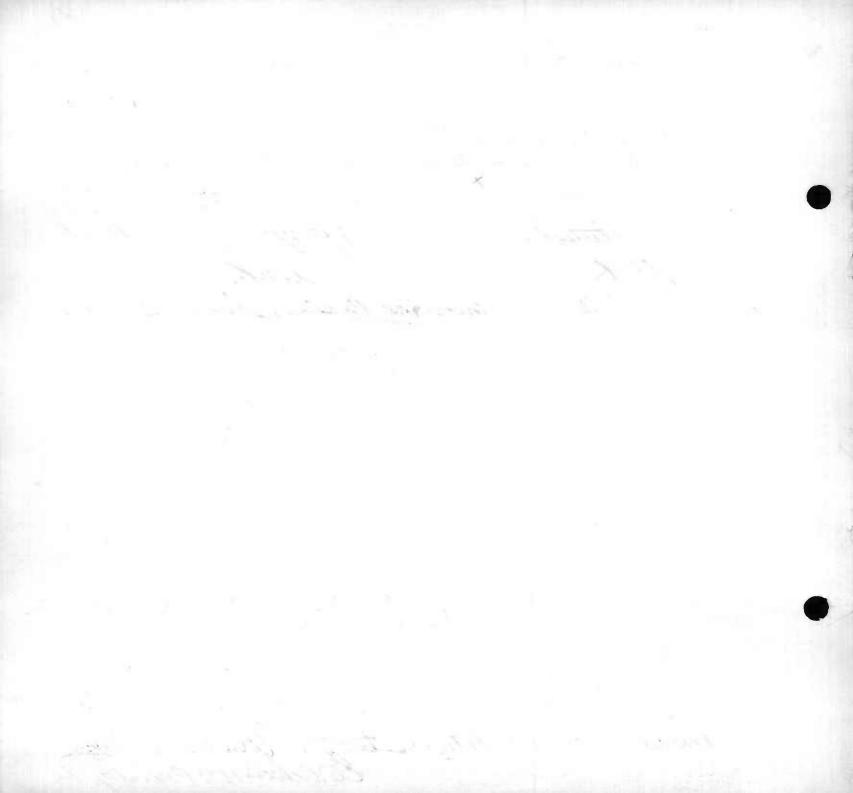


150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

141	10400
REG. NO.	10180
UOUR OF DEAR	
R 12 1670	2. ~
13,1710	1 2:50 Am.
eceased fived. Il institution	residence before admission)
	0
/	5-09
D. INSIDE CITY	LIMITS?
YES Z	P No □
cest pe A	
	ve
AGE (In years If Un birthday) Month	der 1 Yr. If Under 24 Hrs. si Days Hours Min.
25	
country) 12, C	TIZEN OF WHAT COUNTRY?
	1.01
	USA
1	
4	
	ADDRESS
1	, ADDRESS
ines No	mie_
will you	APPROXIMATE INTERVAL
1	BETWEEN ONSET AND DEATH
tarling.	1

1	i
1 0 1	
V. OP deus.	
o abeliana antana kangan Kangari Kangari Anana	
00	
191	
A	
V	1.6
A.P. 14 W	1
OR IF YES, WERE FINDING	DEATH?
[1] In Boltimore City, g	ive exoct location)
OCCUR?	
90.10 LO	197
/ / / / / / /	
n(my) (dur) apinian de	ath accurred an the date
23 B. D.	ATE SIGNED
	10
	9.13.10
	- 14
OSPITAL. BAR	50 16.170
1841	, 10,
TION (City, town,	or countyl /7(Stote)
heters	m []
Melles	"IVX
	ADDRESS
1000 Breen	the Ke



MI 25A. DATE REC'D BY HEALTH DEPT. 6 VS 151-REV. 1/1/68

REMOVAL (Specify)

EXAMINER'S

NAME (Type)

24B. DATE

24A. BURIAL CREMATION,

Charles S. Springate, M.D.

258, NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

25C FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

24D. LOCATION

ADDRESS

(City, lown, or county)

October 15, 1970

18 9891-35-July Patemack Vic 11 St. James Genry man findow 16-19 12 Perstant and Cralle 225 L'allega ma Bancali

24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 10/17 Balto., Md. Mt Auburn Demetery 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS March 928 E. North Ave. VS 151-REV. 1/1/68

12/9/70 - Letter from M.E.O.

Property all almosty

her . Mis. sonstell aintheily . call

70 I Mb Auburn Dameter

10/19/76

Learnes

98-81-9

Mar C. March Res R. Marth

FUNERAL DIRECTOR: IMPORTANT

111-6	35		BALTIMORE CIT	Y HEALTH DEPARTMENT		70 10100
BIRTH NO.	70	1018	3 CERTIFICA	TE OF DEATH	REG. NO	70 10183
1. NAME OF				2. DATE	AND HOUR OF DEATH	
	Arthur Pat	rick Wro	ten	8:	15 a.m. 10/1	5/70
3. PLACE IN	BALTIMORE MARYLA	ND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (V	here deceased lived, if in	nstitution: residence before admission
FULL NAME	OF (IF NOT IN I	HOSPITAL OR IN	STITUTION. GIVE STREET	Maryland	ONIT	24-03
NOTTUTION				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
7)13	4 Riverside	Ave.		Baltimore E. STREET AND NUMBER		YES 2 NO
00					erside Avenu	е
5. SEX	6. RACE	7- MARE	NEVER MARRIED DIVORCED	Nov 9, 1901	9. AGE (In years lost birthdoy) 68	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
IOA, USUAL O	CCUPATION (Give kind	of work 10B KIN	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote of f	oreign country)	12. CITIZEN OF WHAT COUNTR
Burner	f of working life, even if s	elired Oles	rul.	Balto. Md.		U.S.A.
13. FATHER'S			building	14. MOTHER'S MAIDEN N		
Alb	ert B. Wrot	en		Margaret He	enson	
5. Wes Dece	sed Ever in U. S. Arm	red forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	own/lit yes, give wor	or doles of servi			le A. Wroten	1434 Riverside Ave.
18.			217 09 0371		Re	APPROXIMATE INTERVAL
647	1/X		CAUSE OF DEAT	HEMPHY	sema,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DIS	EASE OR CONDITION LEADING TO DI					
(This doe	s not mean the mo		(A) IMMEDIATE CA	USE		5 Years
heart laite	re, asthenia, etc. 11 i	means the dise	nse.	A CONSEQUENCE OF:	/ -	
tulnih at	camplication which c		Can	PUL MON	ALR	
	ANTECEDENT CA		(8)			
DISEASES	OR CONDITIONS	, if any, gi	ing DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLY	the above cause	(A) sloling	the ISRON	VC41715	CHRONIC	1
	11		(\(\sigma\)	A CONSEQUENCE OF:	************************	
OTHER SIG	II NIFICANT CONDITION	IS CONTRIBITION		SNR		
E TO THE D	EATH BUT NOT RELATED	D TO THE TERMIN	IAL			
19A. DATE	OF OPERATION 198	CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208. IF YES. WERE	FINDINGS CONSIDERED
19A.DATE	WA	S PERFORMED	None	No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTI	DENT WAS UNDERLY UBUTING CAUSE O	ING	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID	(If In Baltimor	e City, give exoct location)
21 D. TIME	(Month) (Doy)	(Yeor) (Houd	21E INJURY OCCURRED	016		
OF INJUR	(Wolling (Doy)	(1600)		21F. HOW DID I	NJURY OCCUR?	
(APPROXI			While At Not While Work At Work			
22. I cert	Ify that (1) (this hos	spital) attende	ed the deceased from	DT 15	19 10 to 0	et 15- 1970
	ve) last saw the de		A 1 4 1	-		***************************************
						nian death accurred an the dat
23A. SIGN		stated above	e. (I) (We) (did) (did not)	view the bady after death	1.	
1	2	Men	ALL	ending Med.	SLUI CO	23B. DATE SIGNED
	my O.J.	Delin	DEGREE Phy	s. Director	Phys.	10/15/70
				23 D. ADDRESS		
23C/PHYSI NAMI	(Type) AME	S E. 7.	Hopkins	205 W	LANVALE	51. 2/2/1
24A. BURIAL C	REMATION, 1248, DA	S E. 7.	Happins DEGREE C.NAME of CEMETERY OF CR	205 W.	LANVALE LOCATION (C)	y, town, or county) (Stote)
24A. BURIAL C	REMATION, 248. DA	- /	He HHINS DEGREE C.NAME of CEMETERY OF CR	205 W. EMATORY 240.		2 57. 2/2/7.
REMOVA Burial	REMATION, 248. DA	.9/70 G1	DEGREE C. NAME of CEMETERY OF CRI EN Haven Mem Pa: AE OF REGISTRAR	205 W. EMATORY 240. rk H	Baltimore Md.	
REMOVA Burial	REMATION, 248. DA L (Specify) 10/1	9/70 G1	DEGREE C. NAME of CEMETERY OF CRI CHANGE OF MEM Pa	205 W. EMATORY 240. rk H	Baltimore Md.	E. Fortonto.

a sight was to the second authorise to

. . . .

4.30	70 10	184		HEALTH DEPARTMENT		70 10184
BIRTH NO. I. NAME OF D (Typo or Print)	ECEASED	re L. t		2. DATE	AND HOUR OF DEAT	Н
2 BLACE IN B					ctober 13,	
FULL NAME OF	ALTIMORE, MARYLAND, WE IF (IF NOT IN HOSPITA ADDRESS OR LOCAT			Manykand	Vhere deceased lived, II DUNTY (4, 4)	institution: residence before admission
NOITUTITENI	University			C. CITY OR TOWN Pasadena		VSIDE CITY LIMITS? YES NO M
				8398 Carol DI		
S. SEX	W	WIDOWED		1-27-09	9. AGE (In years lost birthday)	II Under 1 Yı. II Under 24 Hr Monlhs: Doys Hours Min.
Insui	CUPATION (Give kind of work) of working life, even if retired) rance Sales	_	ance Company	11. BIRTHPLACE (Stote of Delaware	foreign country!	12. CITIZEN OF WHAT COUNTS
	scan Hewett			14. MOTHER'S MAIDEN I		
5. Was Decease Yes, no or unknow No	ed Ever in U. S. Armed Force onl (II yes, give war ar dates	s? ol servicel	2 3090718	17. INFORMANT Elsie L. Hew	ett 8398 (an	ol Dr. 21122
OTHER SIGN	ANTECEDENT CAUSES OR CONDITIONS, if on the above cause (A) s IG CONDITION last. III IFICANT CONDITIONS CONTINE BUT NOT RELATED TO THE	RIBUTING	, , , ,	C DIO		
DISEASE OR	F OPERATION 198 CONDI WAS PERFO	TION FOR V	HICH OPERATION	20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medicol examiner	21 B. hame	e, form, foctory, street, aff	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(It In Boltim	ore City, give exact facation)
21D. TIME OF INJURY (APPROX.)	(Manthi (Dayl (Yeori (INJURY OCCURRED Re AI Not While At Wark	21 F. HOW DID I	NJURY OCCUR?	
	y that (i) (this hospital) o				19 <u>78</u> ta	olinion death occurred an the dat
	d from the causes stated					inion death accurred an the dat
23A. SIGNAT	URE	m.a	Atten	ding Med.	Shaff Phys.	23B. DATE SIGNED
23C. PHYSICI NAME (AN'S Typel	13:11	DEGREE	BD. ADDRESS	All Zine	VADALIS MA
4A. BURIAL CR	EMATION 248 DATE	24C. NA	ME OF CEMETERY OF CREA	MATORY 24D.	LOCATION (C	City, tawn, or county) (Stole)
Burial	10-17-70 BY HEALTH DEPT. 125	As	bury (emetery		Perryville,	Manyland
OCT 1	9 1970 Jaber E	B. NAME O	REGISTRAN	25C. FUNERAL DIRECTO	Coach 12	Maryland 211 (hesaco Avenue
150-PEV 1/L	/4 p			The state of the s		

- - O the transfer of the state of the second of

Werner U. Sp

24B. DATE

10/16/70

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify) Burial

VS 151-REV. 1/1/68

tz, MD.

248. NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

Balte. Nat '1. Cemetery

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D, LOCATION

Balte.

McCully Funeral Home 237 Patapace Ave.

October 13, 1970

Md.

(State)

(City, town, or county)

ADDRESS

THE THE PARTY OF T ---THE STATE OF STATE OF THE STATE I remain the same of

IMPORTANT

DIRECTOR:

FUNERAL



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	in accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must the body was releas	shows: (1) An accident of was D.O.A. at a hospital	deceased prior to de written approval mu

11-1-2	0187	ATE OF DEATH REG. NO	70 10187
I. NAME OF DECEASED Christian (Type or Print)		2. DATE AND HOUR OF DEAT	H > 55
3. PLACE IN BALTIMORE, MARYLAND, WH	L OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where Goccosed lived, If A. STATE B. COUNTY MARYLAND Harford	institution: residence belore admission)
иоптитом	10N)	JOPPA	VSIDE CITY LIMITS?
THE JOHNS HOPKINS	HUSPITAL	E. STREET AND NUMBER 14-13 MOUNTAIN RD.	
FEMALE WHITE	• MARRIED NEVER MARRIED WIDOWED DIVORCED	10-03-70 lest bifilday)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work) if done during most of working life, even if relired)	OR KIND OF BUSINESS OR INDUST	Md.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Ronnie Way	me Layton	VIRGIE Duty	
15. Wos Deceased Ever in U. S. Armed Force (Yes, no or unknown) all yes, give war ar dales	of service) 16. SOCIAL SECURITY NO.	Ronnie Wayne Layton, 1413	ADDRESS Joppa, Md.
	lying, e.g., he disease, leath.) (A) IMMEDIATE COUNTY TO DUE TO, OR DUE TO, OR DUE TO, OR DUE TO, OR COUNTY TO TO TO THE TOTAL TO TO THE TOTAL OF THE COUNTY TO THE TOTAL OF THE COUNTY THE TOTAL	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF COCCUPATION OF NO. 208, IF YES, WER IN CERTIFYING CO.	TE FINDINGS CONSIDERED CAUSES OF DEATH?
OF INJURY (APPROX.) 22. I certify that (1) (this hospital)	While At Not Wark At We	Thile [10 13 1970
that (1) (we) last sow the deceased and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) WILLIAM 24A. BURIAL CREMATION, REMOVAL (Specify) Burial Oct. 16.1	d abave. (1) (We) (did) (did not cluser Degree Jacob Degree 24C.NAME of CEMETERY of	Ned. Staff Phys. Director Phys. Dire	23B, DATE SIGNED (9/3/70 (City, town, or county) (Stote)
00012012	58 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Howard K. McComas & Son	Herrord Md. Address Abingdon, Md.

4

Attention to the second second

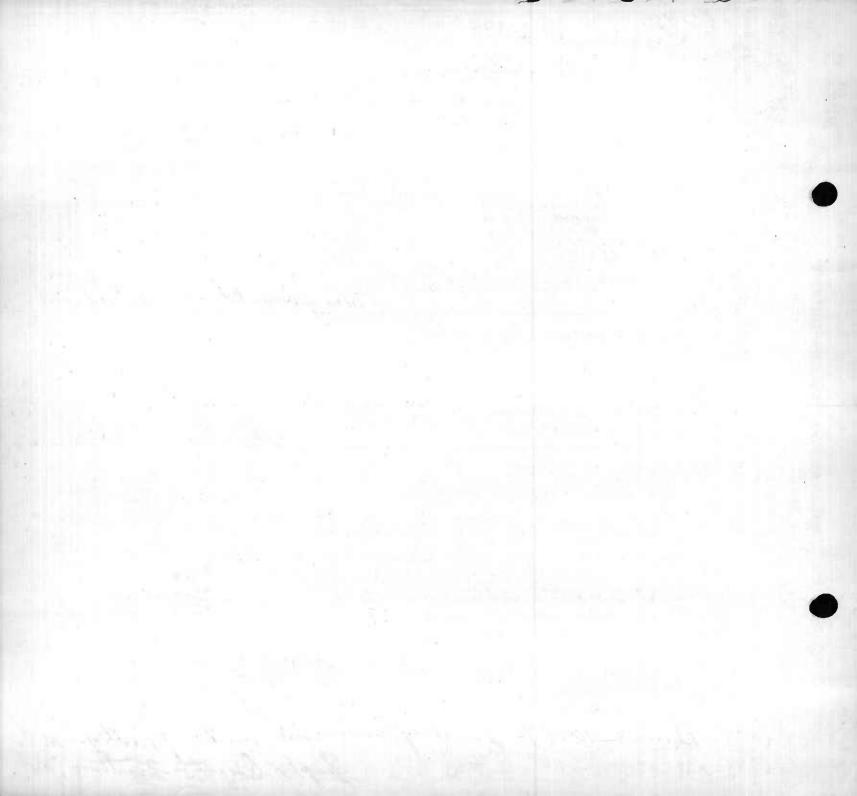
Was

VS 150-REV. 1/1/68

IMPORTANT

FUNERAL DIRECTOR:

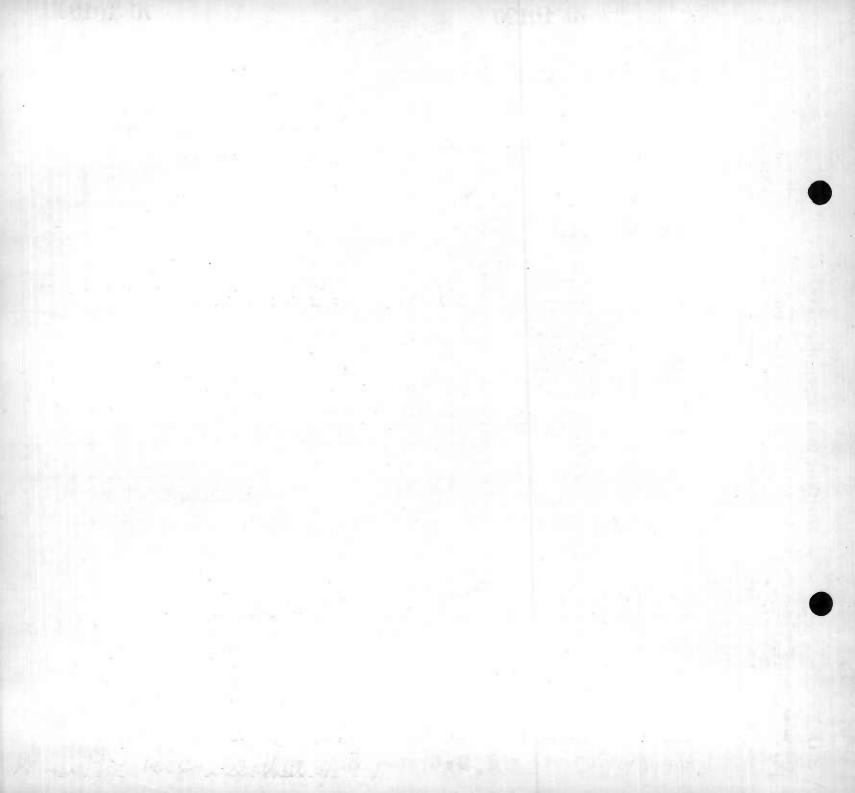
CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEA 2. DATE AND HOUR OF DEATH (Type or Print) USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS YES NO MIDLAND E. STREET AND NUMBER B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Hours Min. Months Doys Hours lost birthday WIDOWED DIVORCED IOA. USUAL OCCUPATION (Sive kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME JAMES CLISE MC MILLEN 17. INFORMAN 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Za CAUSE OF DEATH 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQ DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. П CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID CER 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? A DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While p (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram 1970 19 that (I) (we) last saw the deceased alive an and that in(my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (d(d))(did nat) view the bady after death. 23A, SIGNATUR 23B, DATE SIGNED Attending 7 Staff Director approval 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type 24A. BURIAL CREMATION. 24C. NAME of CEMETERY or GREMATORY REMOVAL (Specify) B NAME OF REGISTRAR BY HEALTH DEPT.



1/2/15-215 and the state of t IMPORTANT

DIRECTOR:

FUNERAL



1	42 7	1019		TE OF DEATH	REG. NO	70 10191
1.NAME OF DEC	CEASED MACHULCZ	Willi			NO HOUR OF DEATH	17.40 n
			DNOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceosed lived. II in	nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION			STITUTION, GIVE STREET	Maryland c.divortown Baltimore	NTY	G-O2 DIDE CITY LIMITS?
33The	Johns H	opkins	Hospital	E. STREET AND NUMBER 418 Lakewo	ood Avenue	
Male	White	WIDOV		B. DATE OF BIRTH 4/23/04	9. AGE (In years lost birthday) 66	II Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
lone during most of	UPATION (Give kind working life, even if the PTCHER	refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore		12. CITIZEN OF WHAT COUNTR
3. FATHER'S NA Joh	n Mach			14. MOTHER'S MAIDEN NAME Anna		
. Was Deceased	Ever in U. S. Am (If yes, give war			17. INFORMANT	\.	ADDRESS Qu
No.			212017155A	His down //	Warbuley-	418 N. Lakewor
DISEASES Of the UNDERLYING	ANTECEDENT CANDITIONS TO THE CONDITION IN THE CONDITION	(A) stoling	(c)	schogeine Ce a consequence of:	icinand	ZyR.
IDISEASE OR C	OPERATION 198	IN PART I (A).	DR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON OF THE TEST WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OP CONTRIBE	NT WAS UNDERLY JTING CAUSE C	ING	21B. PLACE OF INJURY (e.g., in home, larm, lactory, street, of etc.)	or about 21C. WHERE DID	(II In Baltimar	re City, give exact lacotton)
DEATH (notify 21 D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Year) (Hour)	21E INJURY OCCURRED While At Not While Work Work	21F. HOW DID INJ	URY OCCUR?	
that (I) (we)	last saw the de	ceased alive a	the deceased from October 16	2 19 70 and the	19 70 to 00 at In(my) (our) apl	folial 10 19 7 C
Oucl	rail B.	s stated above	DEGREE Phys	nding Med.	Shoff Phys.	23R, DATE SIGNED
23C.PHYSICIA NAME (T		el A. M		The Johns Ho	pkins Hosp	ital
REMOVAL (10	ZO-10	NAME of CEMETERY OF CRE	MATORY CEM 24D. LO		ly, town, or county) (Stotel
OCT 1	1970 Jose	258. NAM	OF REGISTRÁR	25C. UNERAL DIRECTOR	De - 23	ADDRESS



REMOVAL (Specify)
Burial

VS 151-REV. 3/1/68

25A. DATE REC'D BY HEALTH DEPT.

10 - 22 - 70

Cedar Hill

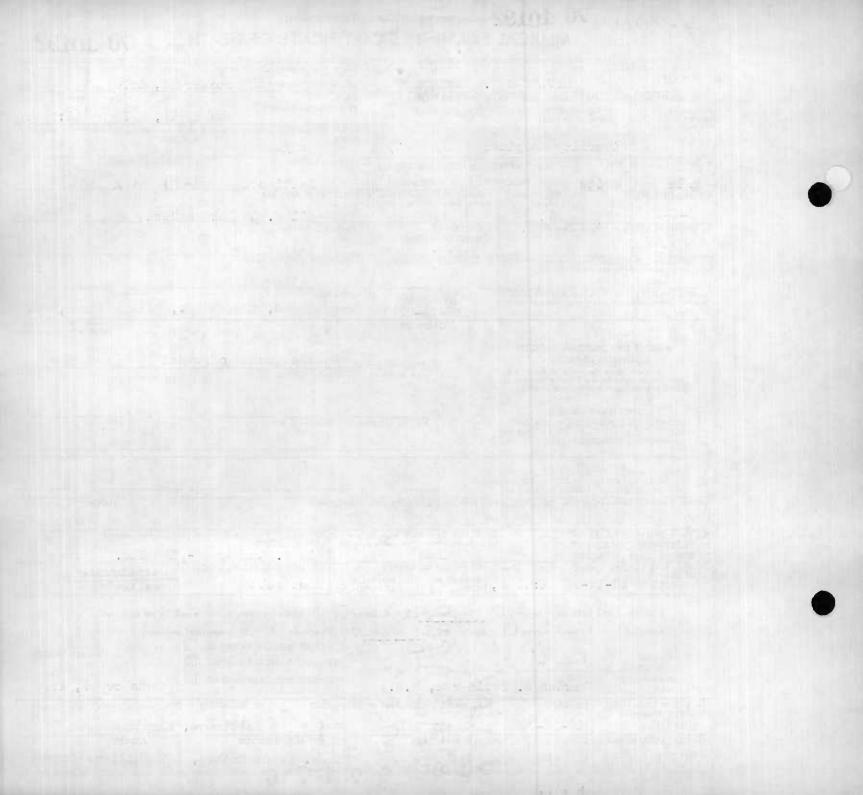
25B. NAME OF REGISTRAR

Baltimore, Maryland

Chas. Evans Hughes, 1532 Hollins Street

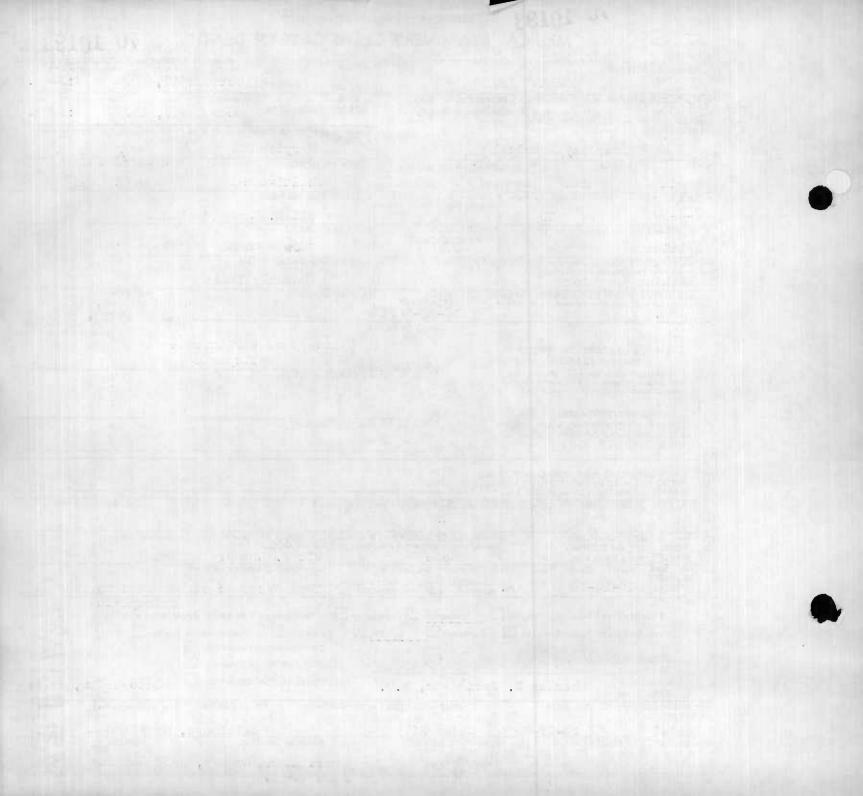
ADDRESS

25C. FUNERAL DIRECTOR



MEDICAL	EVALAINIED'C	CERTIFICATE	OF DEATH
MEDICAL	EVWMIIIAFK 2	CERTIFICATE	OF DEATH,

I. NAME OF DECEASED HOWARD HOOD 2. DATE Known XI Month Day Year Hour Graph Fellower To Principal October To 1970 6:39 P. M.
A PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OR INSTITUTION University Hospital 6. SEX 7. RACE Male White Widower Male White Widower Male White Widower Male 10. AGE (In year) 10. Lace in year Month 10. Age in year Month 10. Baltimore 8. COUNTY 8. SULLA RESIDENCE (Where deceased lived. H Institution: residence before admission) 8. COUNTY 8. SULLA RESIDENCE (Where deceased lived. H Institution: residence before admission) 8. COUNTY 8. SULLA RESIDENCE (Where deceased lived. H Institution: residence before admission) 8. COUNTY Maryland 6. SEX 7. RACE Male White Widower Male White Widower Month 10. No. Baltimore 8. COUNTY Baltimore 8. STREET AND Number 821 W. Lombard Street 10. FATHER'S NAME WHATCAUNTRY? 11. BRITHFLACE (Stote or foreign country) 821 W. Lombard Street 12. CITIZEN OF WHATCAUNTRY? 13. FATHER'S NAME WHATCAUNTRY? 14. SECURITY NO. 21. FATHER'S NAME Dorothy Isaac 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(if yes, give wor or dotes of service) 17. SOCIAL (Yes, no or unknown)(if yes, give wor or dotes of service) 17. SOCIAL (Yes, no or unknown)(if yes, give wor or dotes of service) 18. INFORMANT CAUSE OF DEATH (Inite does not mean the mode of dying, e.g., heart clollure, osthenic), cit. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Inite does not mean the mode of dying, e.g., heart clollure, osthenic), cit. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSE (A) STAING THE 10. DISEASE OR CONDITIONS, IF ANY, CIVING RES TO THE ABOVE CAUSE (A) STAING THE 10. DISEASE OR CONDITIONS, IF ANY, CIVING RES TO THE ABOVE CAUSE (A) STAING THE 10. DISEASE OR CONDITIONS, IF ANY, CIVING RES TO THE ABOVE CAUSE (A) STAING THE 10. DISEASE OR CONDITIONS, IF ANY, CIVING RES TO THE ABOVE CAUSE
FOUL NAME OF ADDRESS OR LOCATION) University Hospital 6. SEX 7. RACE Marker S. Marke
University Hospital 6. SEX
University Hospital 6. SEX 7. RACE Male 8. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Baltimore 9. DATE OF BIRTH 7-4-50 10. ACE (In years lost birthdoy) 20 RUNDORD Months; Doys Hours Min. 821 W. Lombard Street 13. FATHER'S NAME 821 W. Lombard Street 14. Usual Occupation (Give kind of work] 148. Kind Of Business or Industry? Baltimore 14. Usual Occupation (Give kind of work] 148. Kind Of Business or Industry? Maryland 15. MOTHER'S NAME Dorothy Isaac 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no orvulnown), (if yes, give wor or doles of service) No orvulnown), (if yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follure, eathenie, etc. it meens the disease, injury or complication which coursed deeth.) AMERICAN SECURITY NO. 217-52-8871 Overdose of barbiturate and service of the course o
Male White WIDOWED DIVORCED Baltimore YES NO PLANE OF BIRTH 10.AGE (In years lost birthday) 9. DATE OF BIRTH 7-4-50 20 10st birthday 20 10st birthday 20 10st birthday 20 12. CITIZEN OF WHAT.COUNTRY? 12. CITIZEN OF WHAT.COUNTRY? 13. FATHER'S NAME WHAT.COUNTRY? 15. MOTHER'S MAIDEN NAME DOYOTHY IS AGE OF CONDITION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME DOYOTHY IS AGE OF CONDITION DIRECTLY LEADING TO DEATH (Ihis does not mean the mode of dying, e.g., heart loilure, osthenio, etc. It means the disease, injury or compilication which coused death.) ANTECEDENT CAUSE S DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDEPLIYING CONDITION LAST
9. DATE OF BIRTH 7-4-50 11. BIRTHPLACE (Stoke or foreign country) Baltimore 12. CITIZEN OF WHAI COUNTRY? Baltimore 13. FATHER'S NAME WHAI COUNTRY? Baltimore 14. U.SA 15. MOTHER'S MAIDEN NAME Dorothy Isaac 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) No. 17. SOCIAL SECURITY NO. 217-52-8871 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ihis does not mean the mode of dyling, e.g., heart follower, osthenio, eic. it means the disease, injury or compilication which coused death.) ANTECEDENT CAUSE S DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERTY NO. DISEASE CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERTY NO. DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERTY NO. DISEASE CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERTY NO. DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERTY NO. DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERTY NO. DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERTY NO. BY U.S.A 13. FATHER'S NAME ANTECEDENT CAUSE SCURITY NO. 217-52-8871 SECURITY NO. 217-52-8871 OVERDOR THE ABOVE CAUSE (A) STATING THE INDERTY NO. BY OUT OF AS A CONSEQUENCE OF: BY OUT OF AS A CONSEQUENCE OF:
Towns Country Towns Months Doys Hours Min. S21 W. Lombard Street
II. BIRTHPLACE (Stole or foreign country) Baltimore IAA.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY) Machine Operator I.6. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) NO. III. BIRTHPLACE (Stole or foreign country) WHAI.COUNTRY? U.SA III. FATHER'S NAME WHAI.COUNTRY? Dorothy Isaac III. MOTHER'S MAIDEN NAME Dorothy Isaac III. INFORMANT Church Road, Reisterstown, Maryland CAUSE OF DEATH Overdose of barbiturate and III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ihls does not mean the mode of dying, e.d., heart followe, shend, eit. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERSY NO. (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
19. 19.
Machine Operator 16. Was Deceased Ever in U.S. ARMED Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No. 19. Disease Or Condition Directly Leading to Death (This does not mean the mode of dying, e.g., heart follure, osthenio, etc. It meons the disease, injury or complication which coused death.) Antecedent Causes Disease Or Conditions, if any, giving Rise to the Above Cause (A) Stating the United Stating Cause (B) Due to, or as a consequence of: Dorothy Isaac 17. Social Security No. 217-52-8871 Brenda Hood Reisterstown, Maryland Overdose of barbiturate and (A) IMMEDIATE Cause Salicylate Due to, or as a consequence of: Due to, or as a consequence of: Due to, or as a consequence of:
Machine Operator 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) No. 17. SOCIAL SECURITY NO. 217-52-8871 Brenda Hood Reisterstown, Maryland CAUSE OF DEATH Overdose of barbiturate and LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, osthenio, eic. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASE OR CONDITION S, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERN VING CONDITION
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, osthenio, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERN YING CONDITION LAST.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart indury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLY HINDERLY HIN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, osthenio, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLY MING CONDITION LAST
(This does not mean the mode of dying, e.g., heart follure, osthenia, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLY MING, CONDITION LAST.
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION (A) STATING THE
RISE TO THE ABOVE CAUSE (A) STATING THE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OR CONDITION GIVEN IN PART I (A)
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED [21, AUTOPSY? (Yes or No)
No
22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB. 228. PLACE OF INJURY (e.g., in or obout 22C, WHERE DID (if in Boltimore City, give exact location) home, form, loctory, street, office bidg., etc.) INJURY OCCUR?
□ UTING □ CAUSE OF DEATH. Home 821 W. Lombard Street
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) 10-14-70 ? A. m. WHILE AT NOT WHILE X Took overdose of barbiturate and
23. Salicylate I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my apinion
resulted from: Natural couses Accident Suicide Memicide Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL ASSISTANT MEDICAL EVAMINED TO DATE SIGNED
SIGNATURE M.D.
NAME (Type) Charles 5. Springate, M.D.
REMOVAL (Specify)
Burial 10-22-70 Cedar Hill Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
007404070 0440 7 440 7
VS 151-REV. 1/1/68



	RALTIMODE CITY	HEALTH DEPARTMENT			
5-300			REG. NO.	70 10194	
BIRTH NO. 70 10194	Ł CEKTIFICA	TE OF DEATH			
(Type or Print) Elsie Scott		2. DATE	AND HOUR OF DEAT	4	5
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOI	INCED DEAD	4. USUAL RESIDENCE (W	CCT. 13	institution: residence before of	A M
		1 2 2 2 CO	ONII	Institution: residence belore od	mission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) (IF NOT IN HOSPITAL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN		7-07	
JUHAS Hopkins Hospi	mi	BALTINIOR		ISIDE CITY LIMITS?	
Service (toplear) (tospe	(IT)	E. STREET AND NUMBER		YES NO	
3 3		726xErso1	XXXXXXX	1212 E. Prest	on S
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under Months Days Hours	24 Hrs.
WIDOWED [DIVORCED	9/9/28	A.7	Nomins Days Hours	IVIIII ₀
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF lone, during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	oreign country)	12. CITIZEN OF WHAT C	DUNTRY?
Housewiff		Viregin	ia	1.5	
3 FATHER'S NAME		14. MOTHER'S MAIDEN N		00.31	
Andrew Corp	oral	skielnisikel	Ger	neva Gassawy	
	16. SOCIAL SECURITY NO.	17. INFORMANT	*****	ADDRESS	
	UNICHONEN				
18. 162. 1	CAUSE OF DEATH			APPROXIMATE INT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Α .		BETWEEN ONSET AN	D DEATH
(This does not mean the made of dying, e.g.	(A) IMMEDIATE CAU			10,	
heart failure, aslhenia, etc. Il means the disease, injury ar complication which caused death.)	DUE 10, OR AS A	CONSEQUENCE OF:		201	
ANTECEDENT CAUSES	0	-6.15 to	stCdH?	30'	
DISEASES OR CONDITIONS, if ony, giving	(B) WY CO	CONSEQUENCE OF:	srca o.	pu money und	zeluj
rise to the abave couse (A) stating the UNDERLYING CONDITION last.		avenone.			
	(c)	wanomer.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 119E. CONDITION FOR W WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING		Yes		T/O	
OR CONTRIBUTION TO	, form, factory, street, offi	or obout 21 C. WHERE DID	(if In Boltimo	re City, give exect location)	
or markt	NJURY OCCURRED Not While At Work	21F. HOW DID IN	IJURY OCCUR?		
Work					
22. I certify that (1) (this hospital) attended the			19 70 to C	CT 13 19	w
that (i) (we) last saw the deceased alive an	OCT 13	19 20 and 1	hat In(my) (aur) opi	Inlan death accurred an th	e date
and haur and fram the causes stated above. (1)	(We) (dld) (dld not) vi	ow the bady after death	•		
23A SIGNATURE	2			23B. DATE SIGNED	
	DEGREE Phys.	Director L	Staff Phys.	OCT. 13.19	970
23C. PHYSICIAN'S NAME (Type)	ND 23	D. ADDRESS)	D	
DONALD L. IR	UMD DEGREE	601 N.1	SWADWAL	, BALT, Md	2(20)
A. BURIAL CREMATION, 24B. DATE 24C.NAM	AE OF CEMETERY OF CREA	1	LOCATION (C	it, lown, or countyl (S	toto)
Duriae 19/19/70 Bal	co Malu	15	501 Fres	levet Or	0
CT 1 9 1070 Page & Jackson M.		25C. FUNERAL DIRECTO	RO 101	ADDRESS	
1011010101010101	and and	Jaght 60	(oct) 15	OKn. Central	and
\$ 150-REV. 1/1/68		A Delta Control of the Control of th			



X STALLAND 42 5 CHALLOW ST ... LL Eb/2/3 # ND 15 37 THIEFIP DEAN TA TELESCO SE (SEIS) 10/12/20 2011 10/15 10/12 70 10/15 Trade 9. Murphild MD Security of sections 2013 MM - X



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

M-450 70 10197	BALTIMORE CITY	HEALTH DEPARTMENT	pe	O LOLOR
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70 10197
I. NAME OF DECEASED MARGUERITE A		2, DATE AND	HOUR DF DEATH	
l'argares Mall	onee	10/15/	20	7: XO A.M.
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whele	deceased lived, 11 institu	lion: residence belove admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI ADDRESS OR LOCATION)	ON, GIVE STREET	Marylo	and	2551
INSTITUTION		C. CITY OR TOWN		CITY LIMITS?
+ 8 Maryland General	Houital	E. STREET AND NUMBER	YE	S NO 🗌
	1105/1104	103 Oaklee		
WIDOWED W	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years II M	Under 1 Yr. Il Under 24 His. enths Doys Hours Min.
10A, USUAL D CCUPATION (Give kind of work 108, KIND OF BI	JSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign	country) 1	2. CITIZEN DE WHAT COUNTRY
None		Marylan	d.	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Kern		Annie	Hebner	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor at dotes of service)	SECURITY NO.	17. INFORMANT	incont	ADDRESS
	12-30-1799	Mrs. Edward Fo	it 1244L	ocust ave.
18. 250.9 1	CAUSE OF BEATH		-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Pneuman		t 0
1This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		days
heart laiture, asthenia, etc. It means the disease, injury or complication which coused death.)	00110, 0825	CONSEQUENCE OF:		
ANTECEDENT CAUSES	D	abotes met	leters	28400
DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	V	Jan
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	10 Pro	hable CV	A	10 days
ll ll	(0/	M-1000 del	***************************************	J
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHI		100		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PL	CH OPERATION	20 A. AUTOPSY? (Yes of No)	208, IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
	ACE OF INJURY (e.g., ir	or obout 21 C, WHERE DID	(II In Baltimare Cit	y, give exoct location)
	lann, lactory, street, all	ice bldg., INJURY OCCUR?	p	, g. o oxed totalien,
21D.TIME (Month) (Doy) (Year) (Hour) 21E IN OF INJURY	JURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
OF INJURY (APPROXI) While Work	Al Not While		7.72	
22. I certify that (1) (this hospital) ottended the		But. 2 19	70 10 Oct	(6 10 7 -
that (1) (we) lost saw the deceased alive on	B.+15	_ /		deoth occurred on the date
and haur and from the causes stated above. (1)	We) (did out) v		intmy/ (our) opinion	decili occured on the date
23A. SIGNATURE		The body critic dealing	238	DATE SIGNED
A make most	Dhar.	ding Med. Ste	off Dar	Ref. 15 1920
23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS		, , , , ,
X. Tsuka mo to	14.1.	Maryla	nd Gene	ral Hospita
	E of CEMETERY of CRE			own, or county) (Stole)
Burial (Specily) 10-17-70 Druid	Ridge Cemet	ery BAL	TO, CO., MD.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME DF	REGISTRAR	Hubbard Funeral	Home (107)	ADDRESS
OCT 1 9 1970 Robert E. Jacker, M.	न्य प ए (Judy Party Paricia	410/ W	IIKens Ave.
/\$ 150-REV. 1/1/68				

s Ave

as Not the second of the second

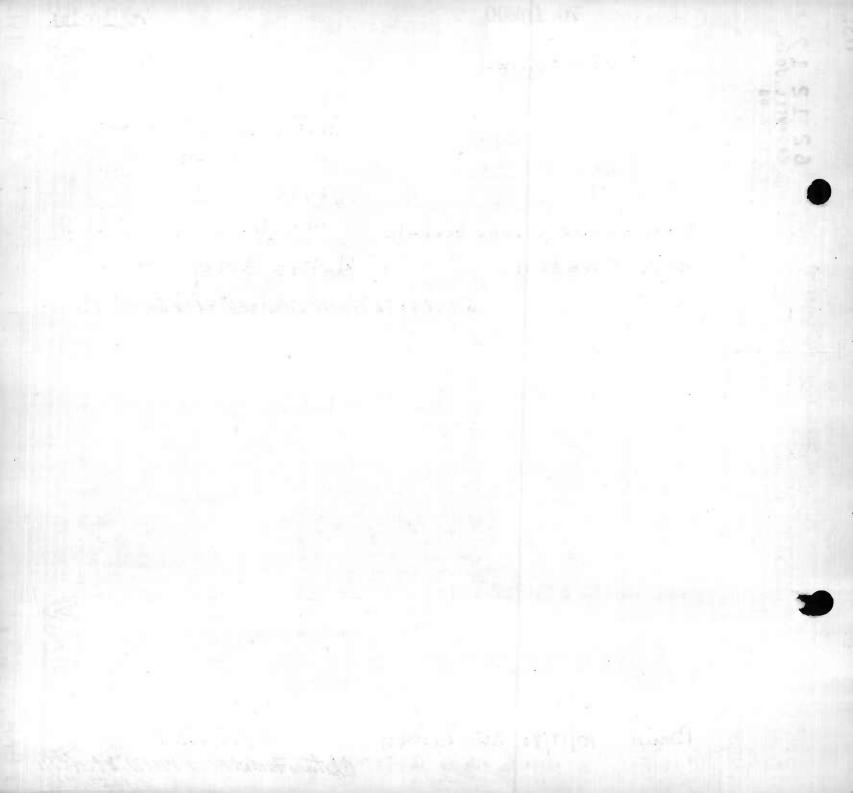
5-240	1710 AC	492		HEALTH DEPARTMEN	. /	20 40400
BIRTH NO.	70 10	120	CERTIFICA	TE OF DEAT	H REG. NO. —	70 10198
1. NAME OF DECEASED					E AND HOUR OF DEATH	
	SCHEIDL	Y. GRA	CE ALICE		10-15-70	1 8:05A M
3. PLACE IN BALTIMORE, A	MARYLAND, WHER	PRONOUN	CED DEAD	4. USUAL RESIDENCE	(Where deceased lived, II i	institution: residence before admission
FULL NAME OF (IF N	OT IN HOSPITAL C	OR INSTITUTION	ON, GIVE STREET	0110	NEWTON	
ST. AGNES	HOSPITA	1		C. CITY OR TOWN		SIDE CITY LIMITS?
WILKENS &				E. STREET AND NUMB		YES NO
+ OBALTIMORE		1229				
5. SEX 6. RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
FEMALE WHI	TE w	DOWED	DIVORCED	10-26-13	last birthdoy)	if Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (done during most of warking life,	Give kind of work 108,	KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
PRACT. NUR		HOS	PITAL	PENNA		1164
13. FATHER'S NAME		1100	11175	14. MOTHER'S MAIDEN	NAME	USA
ROBERT XXXXX	XXXXX KANT	NER	BEC 'D	ANNA GRA		0.50.10
		17.6	SOCIAL	C. C	EFF	DEC'D
15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, gi	ve war or dates of	service)	SECURITY NO.	17. INFORMANT		ADDRESS CATON
NO		2	84-32-291	ST. AGNE	S RECORD RO	OM WILKENS &
18. 238.1	1		CAUSE OF DEATH			APPROXIMATE INTERVAL
	NOITION DIRECT	LY	E	vain human	/	SETWEEN ONSET AND DEATH
(This does not mean	TO DEATH		(A) IMMEDIATE CAU			de mi locays
hearl failure, asthenia,	elc. Il meons the	disease.	DUE TO, OR AS A	CONSEQUENCE OF:		
injury at complication v		h.)				
	INT CAUSES		(B)			
DISEASES OR COND	ITIONS, if any,	giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDIT	ION last.	ng the	(c)			
	11		(7/			
OTHER SIGNIFICANT COL	IDITIONS CONTRIB	UTING				i
TO THE DEATH BUT NOT DISEASE OR CONDITION	GIVEN IN PART 1 (A	1.	****************	***************************************		
19A. DATE OF OPERATIO	N 198 CONDITIO	N FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes o	No 208 IF YES WERE	FINDINGS CONSIDERED USES OF DEATH?
10.13.70	or,	En tru	nor, Romale	NO	IN CERIFFING CA	DZEZ OF DEATH?
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	NDERLYING AUSE OF cominer)	21B, PLA home, (etc.)	CE OF INJURY (e.g., in arm, lactary, street, alfi	or about 21 C. WHERE DI ce bldg., INJURY OCCU!	D (If In Baltimar	e City, give exact lacation)
21D. TIME (Month)	(Doy) (Yearl (Ha	un 215 INJ	URY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROXI		While A	Not While At Wark		more occor.	
22. f certify that (1) (t	his haspital) atte	ended the d	eceased fram	10-13-70	19to1 (0=15=70 19
that (1) (we) last sow	the deceased all	ve on	10-15-	19_7.0 gn	that in (Wy) (aur) onl	nion deoth occurred on the dote
and hour and fram the	causes stated at	bove. (X) (W	e) (did) (d)	ew the bady after dea	th.	
23A. SIGNATURE	1 2 : -		AAAA			238, DATE SIGNED
1	Jomo Lun		M & Atten	ding Med.	Stoff Phys.	10 15 70
23C. PHYSICIAN'S NAME Typel	SADA MUAI	V650H3	2	D. ADDRESS	us topital	110-15-70
24A. BURIAL CREMATION,	48, DATE	24C NAME	of CEMETERY OF CREA	9		
REMOVAL (Specify)	10-19-70		IDE CEM	241	CORTLAND, OHI	ty, town, ar county! (Stote)
OCT 19 1970	A A A A	NAME OF R		25C. FUNERAL DIRECT	TOR	ADDRESS VILKENS AVE 21229
		0		1 2 6 9	#TO\ W	THE STATE OF THE S

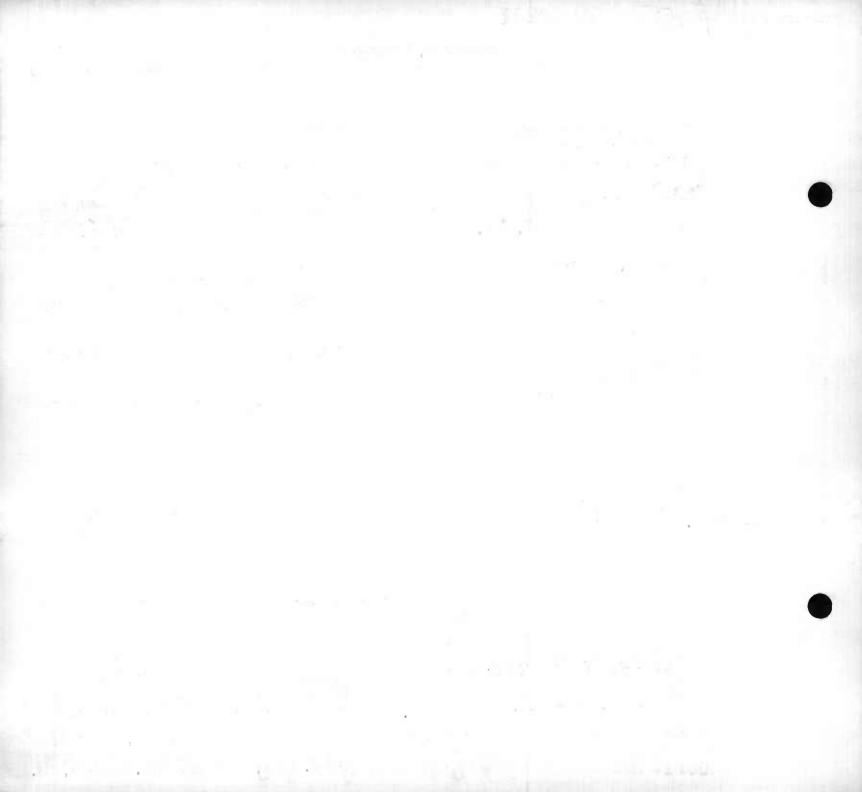
A CONTRACT OF STREET a = 1 2 2 2 2 2

4-662 70 10199		HEALTH DEPARTMENT	REG. NO.	70 10199		
BIRTH NO.	CERTIFICA	TE OF DEATH	KEO. 110			
1. NAME OF DECEASED Type or Printl Costantine Kropk	owski	2. DATE Oct.	14, 1970	1		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN FULL NAME OF HOSPITAL OR INSTITUTI ADDRESS OR LOCATION)		4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission Maryland				
1120 S. Highland Ave.		C. CITY OR TOWN Baltimore E. STREET AND NUMBER D. INSIDE CITY LIMITS? YES NO				
		1120 S. High	land Ave.			
Male White WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/26/83	9. AGE (In years last hirthday)	II Under 1 Yr. II Under 24 His. Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BL dene during most of working life, even if refired) Retired Crane Operator—Americ	an Smelting	Poland	reign country!	12. CITIZEN OF WHAT COUNTRY U. S. A.		
Andrew Kropkowski		14. MOTHER'S MAIDEN N. Frances I	AME Mierzlinski			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown! (If yes, give wor ar dates of service!	SECURITY NO 50	Mrs. Catherine		S. Highersd Ave., Balto. Md.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,	CAUSE OF DEATH	cardial is	farcter	APPROXIMATE INTERVAL BETWEEN JONSET AND DEATH 2 My 7		
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Severe	ACV)	######################################	7		
DISEASES OR CONDITIONS, it any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	(c) Comp	A CONSEQUENCE OF:	t Lailen	e 6 mos,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	0	aur, fébri	lation	tolyp		
19A-DATE OF OPERATION 19B CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBUTING CAUSE OF home, 1	CE OF INJURY (e.g., ir orm, foclary, street, of	or about 21 C. WHERE DID to bidg., INJURY OCCUR?	(If In Ballimor	e City, give exact location)		
21D-TIME (Month) (Doyl (Yeor) (Hour) 21E IN. (APPROX.) White A	JURY OCCURRED Not While At Work	21F. HOW DID IN	JURY OCCUR?			
22. I certify that (1) (this haspital) attended the dithat (1) (we) last saw the deceased alive an	leceased fram	aug 19 70 0 and a	.19 65 to	0 14 19 70 nlan death accurred an the date		
and haur and fram the causes stated abave. (1) (W	(e) (dld) (dld not)	ew the bady after death.	not in (my) (dot) apti			
23C. PHYSICIAN'S	DEGREE	ding Med. Director	Staff Phys.	10/14/70		
Burton V. Lock	MD.	2936 E. Balto.	St. Balto.	Md.		
Burial 10/17/70 St. S	of CEMETERY or CRES Stanislaus C			y, town, or county) [Stole]		
CT 19 1970 Report CT 1970 Repo	9	John J. Duda	7922 Wise A	ve. Dundalk, Md.		



VS 150-REV. 1/1/6B



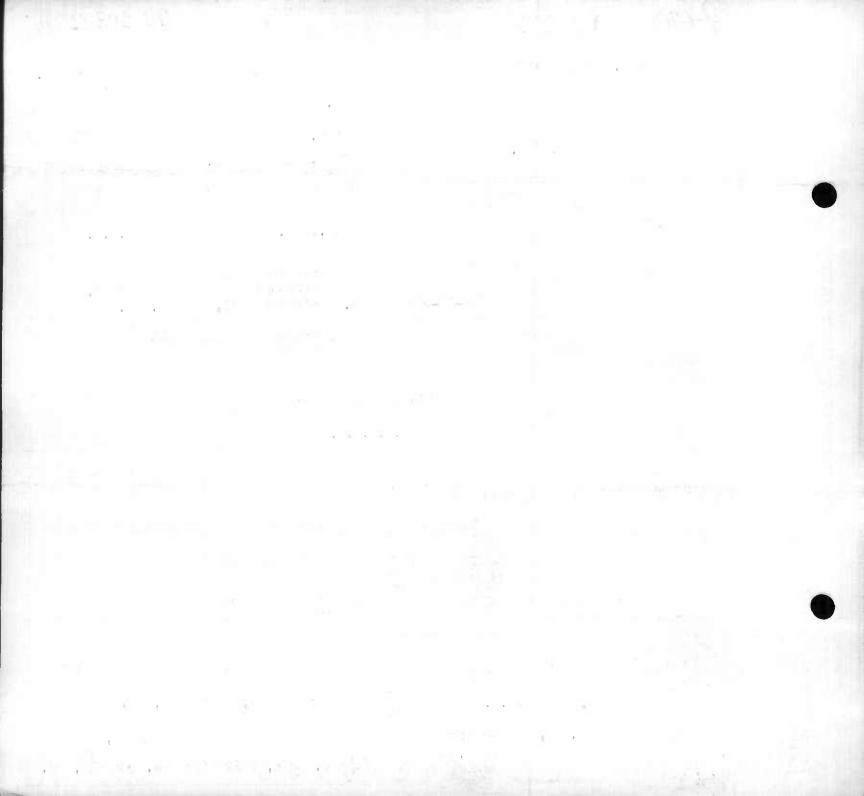


VS 150-REV. 1/1/68

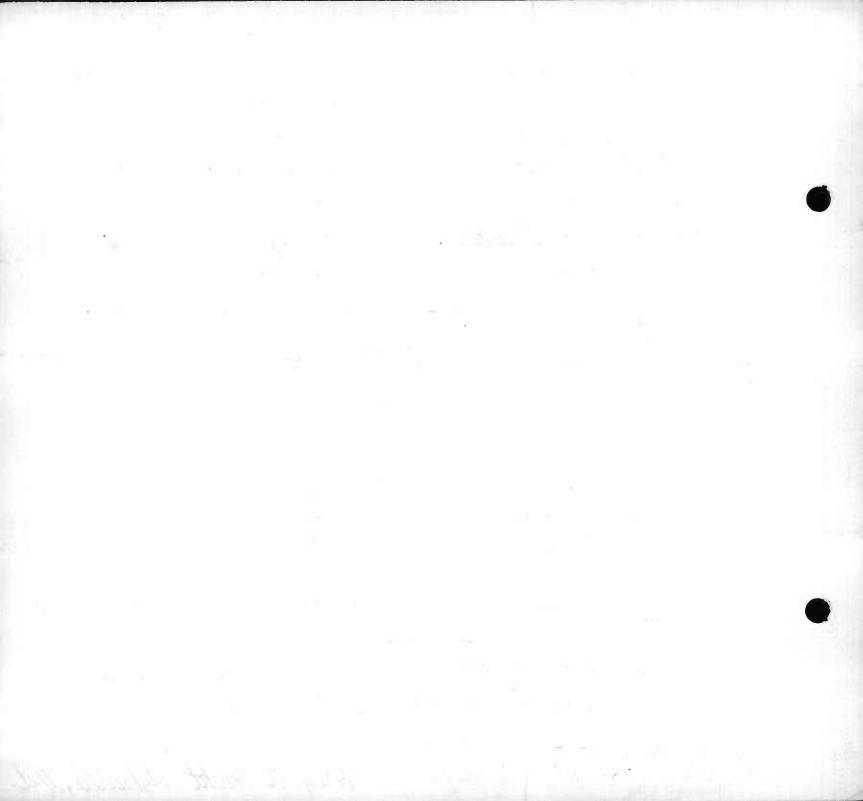
of death Deceased

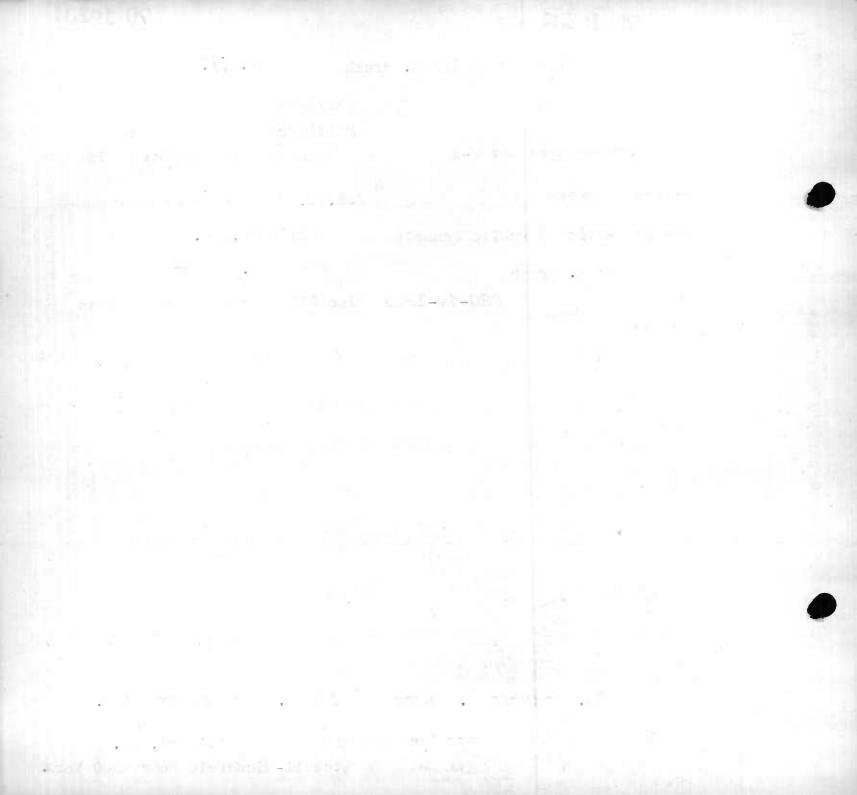
P-620	70 102	202		Y HEALTH DEPARTMEN		70 102	202
BIRTH NO.		SUA:	CERTIFICA	TE OF DEATH	T REG. NO.	J.U. Lik	JUN
1. NAME OF DEC		(Price	1		AND HOUR OF DEA	***	
	Se A. Preuss			4. USUAL RESIDENCE	0/15/70		1:00 n. A
J. FEACE IN BA	LIMORE MARILAND, Y	WHERE PRON	DUNCED DEAD	A. STATE B. C	Where decoosed lived. DUNTY	If institution; residence	e before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				Md.		16-	-00
HOSPITAL OR	ADDRESS OR LOC	ATION		C. CITY OR TOWN	D. 1	NSIDE CITY LIMITS?	
				Balto.		YES T	Пои
Mei Mei	rcy Hospital,	Incl		E. STREET AND NUMBE			
				362 E. Cor	nwall St.		
S SEX	6. RACE	7. MARRIED	DIVORCED	8. DATE OF BIRTH 7/02/03	9. AGE Itn years last birthday)	If Under 1 Yr. Manths Doys	If Under 24 Hrs.
OA, USUAL OCC	UPATION (Give kind of wor	108 KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OI	FWHAT COUNTRY
Housew.	working life, even if retired)			Balto., Md.			
FATHER'S NA	ME				V2	U.S.	A .
200				14. MOTHER'S MAIDEN	MAME		
George	Fisher Ever in U. S. Armed For			Elizabe	th Edler		
es, no or unknown	Ever in U. S. Armed For	cos?	1 6. SOCIAL SECURITY NO.	Elizabe	ghter) Like	Cornwal ADD	ESS
No			218-18-2666	Mrs. Doris Si	hiflett Ro	1+0 Md	
18. / 7 //	VOLUME	F 4 171	CAUSE OF DEAT		La Coo, Da		OXIMATE INTERVAL
DISEA	SE OR CONDITION DI	DECTIV	0.1002 07 0471		-0.3	leeruee.	N ONSET AND DEATI
0.547.	LEADING TO DEATH	RECILI			of breast	with	
(This does	not meen the mode of	dying, e.g.	(A) IMMEDIATE CAL	ise metasta A Consequence of:	ises		1000
heort failure.	asthenio, etc. It means	the disease	, , , , , , , , , , , , , , , , , , , ,	A CONSEQUENCE OF:			
						l l	
	ANTECEDENT CAUSES		(B) Diabet	es Mellitus A CONSEQUENCE OF:			
DISEASES C	OR CONDITIONS, if above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			***********
UNDERLYING	G CONDITION last.	stating the	(c) A.S	.C.V.D.			
-	- 11		(0/				
OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING					
TO THE DEAT	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	***********				
OTHER SIGNIFICATION OF THE DEAT OF THE DEA	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? IYos or	Noll 208 IF YES WEI	E FINDINGS CONS	DERED
0	WAS PER	FORMED		20A. AUTOPSY? IYos on	IN CERTIFYING	CAUSES OF DEATH?	1
OR CONTRIBI	TING CAUSE OF] 211 har	B. PLACE OF INJURY (e.g., i ne, form, factory, street, al	or obout 21 C. WHERE DIE	(If to Boltic	nare City, give exoct	locotion)
, , , , , , , , , , , , , , , , , , , ,	1Month) (Doy) (Your)						
OF INJURY	IIVIONINI (DOY) (1001)		INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
IAPPROX.)		We	nile At Not While				
22. I certify	that (1) (this hospital) attended t	he deceased from	15-12-	19 70 to		19
	lost saw the decease			17.			
					that in (my) (our) o	pinion death accu	irred on the date
23A. SIGNATU	from the causes stat	ed obove. ((We) (did) (did not) v	lew the body ofter deat	h.		
23A SIGNALD	-C 1/1 1.	1 1	Λ			238, DATE SIGN	ĘD
Dota	ich H- U	106	W Lines Phys	nding Med.	Staff N	1015	120
23CAPHYSICIA	N'S		O - DEBACE	23 D. ADDRESS		1000	+
P	atrick A. Mol	ony M.T		Mercy Hospi	tal. Raltime	ore, Md.	
A. BURIAL CREA	MATION, 24R, DATE		AME of CEMETERY OF CRE				
KEWOAYT (2	oct. 19					City, lown, or county	
Burial			ak Lawn Cemete	ГУ	1	Baltimore,	Maryland
A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C, FUNERAL DIRECT	OR COOK		DRESS
UUI 1	19/11 Jabers	E. Vacos	哪. 作品。① 门	houn of Didds	7922 Wise	Ave. Dunda	ilk, Md.

John J. Dada 7922 Wise Ave. Dundalk, Md.



	TE OF DEATH X REG. No. 20. 10203	
BIRTH NO. 70 10203 CERTIFICA	TE OF DEATH REG. NO. LUCUS	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
MR. Howell A. Denver	October 13, 1970 1120	27 . M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before A. STATE B. COUNTY	odmission
HULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	West Virginia C.CITY OR TOWN D. INSIDE CITY LIMITS?	5
Johns Hopkins Hospital	Caton Bridge YES NO X	
Balto Md. AIROS	Caton Bridge, W. Virginia 267	11
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Tr., If Unlost birthday) Months; Doys Houss	der 24 Hrs.
Mole White WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	12-20-02 67	
done during most of working life, even if refired) General building		COUNTRY?
Carpenter Construction.	West Virginia USA.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Howell Deaver	Ida Synder	
15. Was Deceased Ever in U. S. Armod Farcas? (Yas, na arunknawn) (If yes, give war ar datas of service) SECURITY NO.	17. INFORMANT ADDRESS	
no 232-26-0542	MXXX Nora Deaver, Capon Bridge, W. Va	
18. / CAUSE OF DEAT	ATT NONIMALE	
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	olastoma multifaine	A
(A) IMMEDIATE CAL		
heart lailure, asthenia, etc. Il means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	
ANTECEDENT CAUSES		
	A CONSEQUENCE OF:	
I was to the opera const (W) Significantly	A CONSEQUENCE OF:	
UNDERLYING CONDITION last, (C)		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED	
Drain Tumor	NO IN CERTIFYING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF	fice bidg., INJURY OCCUR?	
O 21D TIME (Month) (D.) (V.) (II)	No.	
S OF INJURY While AI Not While	21F. HOW DID INJURY OCCUR?	
Work At Work		
22. I certify that (I) (this hospital) attended the deceased from	8-15-10 19 10 to 10-13 19	70
that (1) (we) lost saw the deceased alive an 10-13	19 To ond that in (my) (eur) opinion death occurred on	the dote
ond hour and fram the couses stated above. (I) (We) (did) (did not) v	lew the body ofter deoth.	
1/1/4/1/4/1/4/1/4/1/4/1/4/1/4/1/4/1/4/1	23B, DATE SIGNED	
DEGREE Phys	Director Phys.	
NAME (Type KARL STECHER JR. M.D.	The Tohna Henking Hearital	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	The Johns Hopkins Hospital MATORT 24D. LOCATION (City, town, or county)	151-1-1
REMOVAL (Specify)		(State)
25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR	Frederick Co, Virginia 25C. FUNERAL DIRECTOR ADDRESS	
OCT 19 1970 Pale & Jalle J. M. D. O	ADDRESS	· m1
COLUMN TO THE TRANSPORT OF THE PROPERTY OF THE PARTY OF T	OCHILL SUNDER SILL	71/1





57_6	3-08 ca	70 10205 BALTIMORE CITY HEALTH DEPARTMENT PEG NO. 70 10205
21-0		(FRIIFICALE OF DEATH
1	sed the the	BIRTH NO.
6	dec ceas on 1	(Type or Print) DRUMMOND, AGNES C. 10/15/70 1:30 A.
),	the De	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
	se se (5) anc dec	HOSPITAL OR ADDRESS OR LOCATION) GUESTREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
	da c	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	CC CC	Baltimore City Hospitals BALTO. YES X NO [
	ing can	2 / 4940 Eastern Avenue
	ep r d + i e	Baltimore, Maryland 21214 3602 OH FREDERICK 20, 21229
-	in i	S. SEX O. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors Months; Doys Hours; Min.
	ntr mtr rm eg ase	Temale White WIDOWED DIVORCED N-23-87
	h cer	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR done during most of working life, even if retired)
	in de tio	+ misewite LI.S.
	de de cas	13. FATHER'S NAME
-	÷ = (4) ≥ 4 × 4 × 5 × 4 × 5 × 4 × 5 × 5 × 5 × 5 ×	Unknown William Seibel Unknown Agnes B. McQire
Z	di the	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
Z	sto ninine lea	
MPORTAN	issi i +i y k y k d q d q fir	Baltimore Maryland 21224
O	s a an andondo	BETWEEN ONSET AND DEAT
3	bi of of of of of ed	LEADING TO DEATH SUMMEDIATE CAUSE SEPTIC SHOCK 72 hr.
_	Ta on E	(This does not mean the made of dying, e.g.,
~	er. ctu oro ar	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) At Least
0	in i	ANTECEDENT CAUSES UTINARY TRACT Intection 1 mo.
5	AA	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR	ex (3) an in	rise to the above cause (A) stoling the UNDERLYING CONDITION lost. (c) Rob related to DIABETES MELLITUS Several years
Δ	dical cal ns; ns; ici	
A	edi our nys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ASCVD
2	e a p	✓ DISEASE OR CONDITION GIVEN IN PART I (A).
UNERA	bod sod	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
)	by by c) E bhy ore	Yes U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	de ce	OR CONTRIBUTING CAUSE OF home. (orm, foctory, street, office bldg., INJURY OCCUR?
	why why	
	os os os os os os os os os os os os os o	OF INJURY While At Not While
	ove he he he he he	WORK AT WORK BANG
	th th iny ex ob	22. I certify that (1) (this haspital) attended the deceased fram 1970 to 10/13
	ap to to of al (h);	that (1) (we) last saw the deceased alive an 10/15 19 70 and that in (my) (aur) apinion death accurred an the da
	be ad at at	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
	de de	23A. SIGNATURE 23B. DATE SIGNED
	al to	W. Salzu DEGREE Attending Med. Staff
	0 - 0 - 5	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS A. T. C. J. H. C. A.
	ificate was r A. at d prior	William Salyer DACTO City Trosp Baltimore 1279.
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	body was ws: (1) An a D.O.A. a eased pricted appropries	Burial 10-17-1970 New Cathedral Baltimore, Maryland
	3 0 1	25A. DATE REC'D BY-MEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This the sho was dec	19 19/0 Jobes & Jaber 10 O Truman Schwab 3512 Frederick Ave.
	-	VS 150-REV. 1/1/68

A ME PARTY OF THE PROPERTY OF THE PARTY OF T

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	10-250 /U TURUO CEPTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 70 10206						
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
	Type of Print) VIOLA R. BISCOTTI	000, 16,1970 12:50 A.M						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	4. USUAL RESIDENCE (Where deceased lived, II institution; tesidence before admission) A. STATE B. COUNTY D. SA C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	CHOKCH HOME YND	E. STREET AND NUMBER						
9	35 HOSPITAL	3908 FRDHAN AVE. (13)						
is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. AGE (in years lost birthdoy) 50 If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.						
disposition	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BINTHPLACKIStote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. MARYLAND 13. A.						
spos	13. FATHER'S NAME TRANK PROMATICO	MARY ADEVIA						
final d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) 217-03-68	17. INFORMANT ENERK 267 8. Medices						
or f	18. CAUSE OF DEAT	Jack State 1						
9	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH						
E	This does not mean the mode of dving, e.g. (A) IMMEDIATE CAL	A CONSEQUENCE OF:						
pqu	heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Source or:						
E .	ANTECEDENT CAUSES	Due Colte Sus Sever Duck						
15 are	DISEASES OR CONDITIONS, if any, giving insection to the obave cause IA) stoting the UNDERLYING CONDITION tast.	à CONSEQUENCE GE Brown Dia Severa Days						
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISFASE OR CONDITION GIVEN IN PART 1 (A)	Dyto Incolonce Sever Days						
e the	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in local contributions of DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify medical examines)	n or obout 21C, WHERE DID (If In Boltimore City, give exoct location)						
9	21D-TIME IMonth) (Doy) (Year) IHour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
taine	(APPROX.)	•□						
9		1970 to ad (6 1970						
pe -		that ((we) just saw the deceased alive on 19 19 ond that Internal (aur) epinian death occurred on the date and haur and from the causes stated above. ((ve) (did) (did(mot) view the bady after death.						
I must	23A, SIGNATURE CALL DESCRIPTION AMO	nding Med. Stoff 5						
approval	Physician's MENDORA M.B.	23D. ADDRESS (6-5) N. Brookers (31)						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE BURIAL OCT. 19th. 1970 HOLY REDEEM							
3	OCT 19 19/0 Value E. See MAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS						
1	/S 150-REV. 1/1/6B							

AZG SIALIFAM 21A +4111 \$7 7 7FF 3/30/20 50 LATE CHARLES AND CARDAL MEDICAL - THE PO AIVECA PRAM TITAKSAS START こうなる コンをはいます マー・ローバ am sity of and it was Excluded Attached - lular V To provident it is in it is greatered washing

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	TY HEALTH DEPARTMENT	70 4000m
S-/60 70 10207 CERTIFICA	ATE OF DEATH REG. NO	70 10207
ME OF DECEASED	2. DATE AND HOUR OF DEATH	
MRS. AMANDA M. SCHAE	FER OCT. 11, 19	
ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COUNTY	stitution: residence before odmission)
L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PIPTAL OR ADDRESS OR LOCATION) TITUTION	C. CITY OR TOWN D. INSI	DE CITY LIMITS?
00	E. STREET AND NUMBER	YES NO
39 Highwood Drive	739 HIGHWOOD DRIVE	
X 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	SEPT. 12.1891 79 RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	TI. BIKINITACE (State of foreign country)	12. CHIZEN OF WHAT COUNTRY!
HOUSEWIFE	LOCH RAVEN, MD.	USA
T 0		
JOHN CHENOWITH /os Deceased Ever in U. S. Armed Forces? 16. SOCIAL	LULA FRANCIS	ADDRESS
/os Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or doles of service)	96	MDDKE33
NO 416-10-DEX	MRS. E. FALCONER	
B. 410.9 CAUSE OF DEA	TH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSECOHONARY Occlusi	0.14
(A)IMMEDIATE CA	AUSEC OF ON BY OCCUS!	NA.
injury or camplication which caused death,)		
ANTECEDENT CAUSES (B)	AS A COMPROVENCE OF	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the abave cause (A) stating the	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last, (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PAPE 1 (A)		
9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 A. A.C.IDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., DR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIB	office bldg., INJURY OCCUR?	e City, give exact location)
PID. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While At Not Wh APPROX.) Work At Work		()
22. I certify that (I) (this barried) attended the deceased from	Jonuary 1970 to	1970.
hat (I) (we) ast saw the deceased alive an	8 19 70 and that in(my) (aux) api	
and haur and fram the causes stated abave. (1) (We) (did) (dtd not)	Tview the bady after death.	
3A. SIGNATURE		23 B. DATE SIGNED
William of the progres PH	thending Med. Shoff Phys.	10-12-70
PHYSICIAN'S NAME (Type)	23D. ADDRESS	78 GA.
DR. WILLIAM FUSTING BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		ty, town, or county) (Stote)
REMOVAL (Specify)	23D. COCATION	17, 10 WII, 01 COUITY) (31016)
TRIAL 10/14/70 BALTIMO	~	10
DATE REC D BY MEACHIN DENT. 1230. HANGE OF REGISTRAR	125C. FUNERAL DIRECTOR	MORE ADDRESS
CT 1 9 1970 Paber & Janker Ma, O O	MITCHELL WIEDEFELD HO	ADDRESS

The same of the sa

THE STATE OF THE S

MANY TANKS

A THE PARTY OF THE

CHECKE LONG TO THE THE THE CHECKER AND AND THE

COLC TRON TATABLE - 4 CHROST

OCT 19 1 VS 150-REV. 1/1/68

Such

a hospital

^		
2-655 70	1 40000	ATE OF DEATH REG. NO. 70 10208
BIRTH NO.	CERTIFIC.	ATE OF DEATH X REG. NO
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH
Birminghar	m, Mrs. Delia A.	10-8-70 6:30 a M
3. PLACE IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR ADDRESS OR I	OSPITAL OR INSTITUTION, GIVE STREET LOCATION)	C. CITY OR TOWNY) July W A. W. INSIDE CITY LIMITS?
91		TOTAL YES X NO
V 21 II 0	7	E. STREET AND NUMBER BOX 1000 ALLENDER ROAD 21/62
Keswick Home for		91100
Female W	7- MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., if Under 24 Hrs. Months; Doys Hours; Min.
OA. USUAL OCCUPATION (Give kind of	WORK TOB, KIND OF BUSINESS OR INDUSTR	12/1/1878 91 900 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if relia	red)	11. BIRTHPLACE (Stole or loreign country) Ireland
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Patrick McNichola	S	Julia Hurst
5. Was Deceased Ever in U. S. Armed fes, no or unknown) (II yes, give wor or	F2	17. INFORMANT ADDRESS
No	doles of service) SECURITY NO. 218-54-2000	
18. // 2 2 9	CAUSE OF DEA	
DISEASE OR CONDITION		BETWEEN ONSET AND DEATH
LEADING TO DEA	тн	ebrovascular accident 5 minutes
fThis does not mean the made heart failure, asthenia, etc. ft me		A CONSEQUENCE OF:
injury ar complication which cau	sed death.)	al attains law with years
ANTECEDENT CAU	SES	se accessorations senility feels
DISEASES OR CONDITIONS,	if any, giving DUE TO, OR A	S A CONSEQUENCE OF: Many
UNDERLYING CONDITION last.	(c) Cene	rolesed arteresselerous years
. 11		- V
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T	CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN	PART 1 (A).	10000000000000000000000000000000000000
WAS	ONDITION FOR WHICH OPERATION PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	G 21B. PLACE OF INJURY (e.g., home, form, loctory, street, cetc.)	in or about 21 C. WHERE DID (if in Baltimare City, give exact location)
21 D. TIME (Month) (Dov) (Ye	on (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)	While At Not Whi	le 🗖
22 1	Work At Work	0/3/10
a seek a	ital) attended the deceased from	8/13/67 19 to 10/8/20 19
that (we) last saw the dece		and that in (my) (our) opinion death occurred on the date
23A. SIGNATURE	stoted obove. (1) (We) (did) (did not)	
WB Harrish		ending Med. Stoff 238. DATE SIGNED
23C.PHYSICIAN'S	DEGREE Phy	23D. ADDRESS
W.B. Daniels, J	r. MD	
A. BURIAL CREMATION, 248, DATE	24C, NAME of CEMETERY OF CR	700 W. 40th Street EMATORY 24D. LOCATION (City, town, or county) (Stole)
Burial 10/1	New Cathed	ral Baltimore, Md.
A. DATE REC'D BY HEALTH DEPT.	2/70XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	25C, FUNERAL DIRECTOR ADDRESS
OCT 19 1970 Robert	E Jaisen ASQ 0	Mitchell-Wiedefeld Home 6500 York Rd

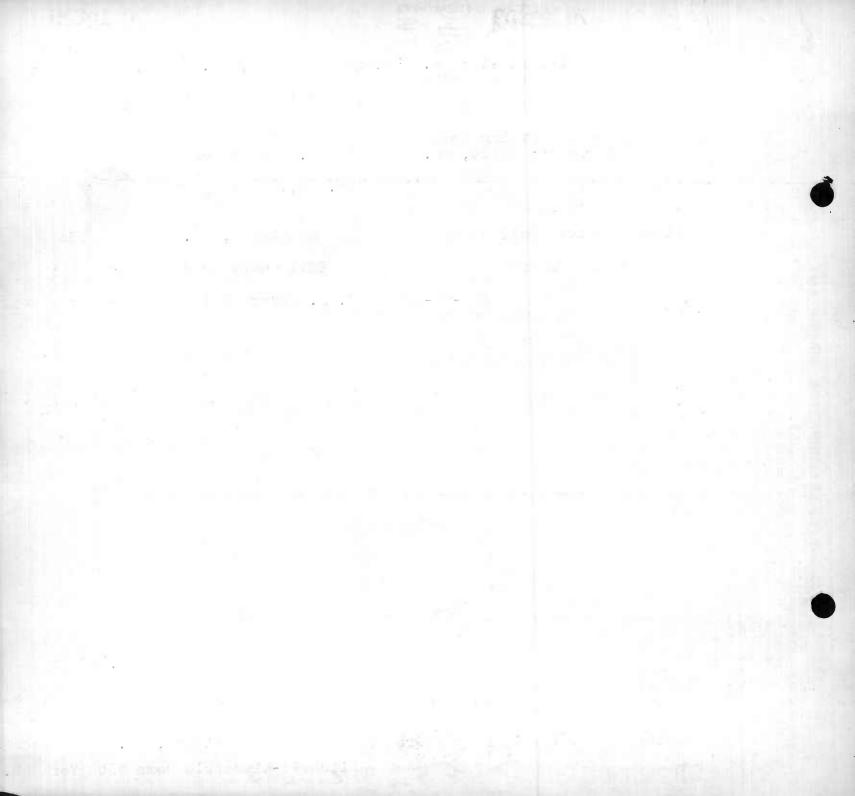
777 - 174

4 -<

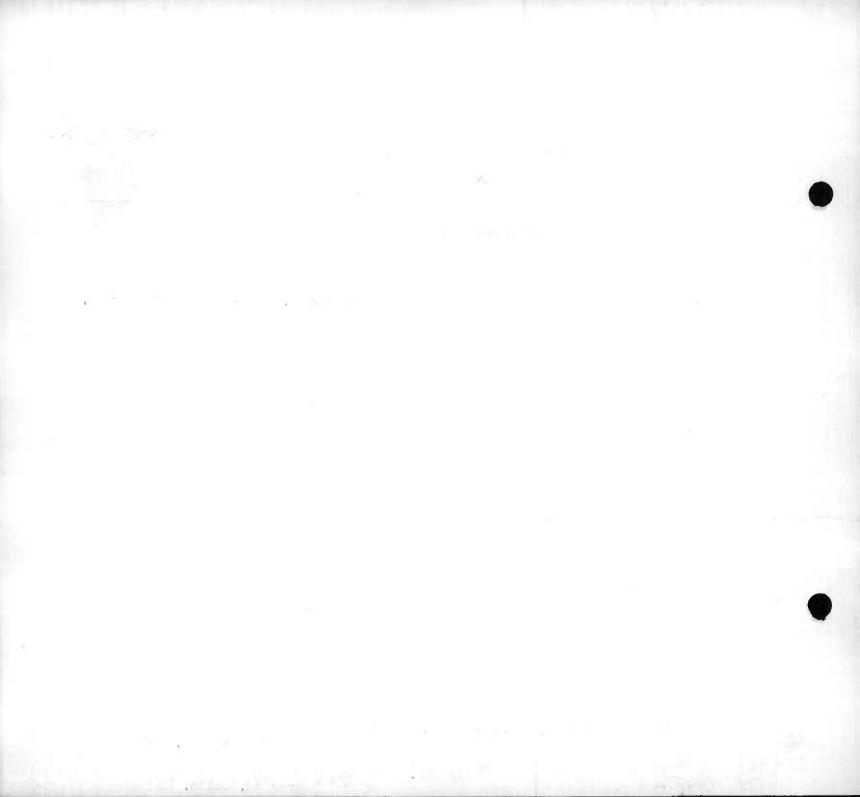
... XXXXXXX XXXXXXXXX

IMPORTANT

FUNERAL DIRECTOR:



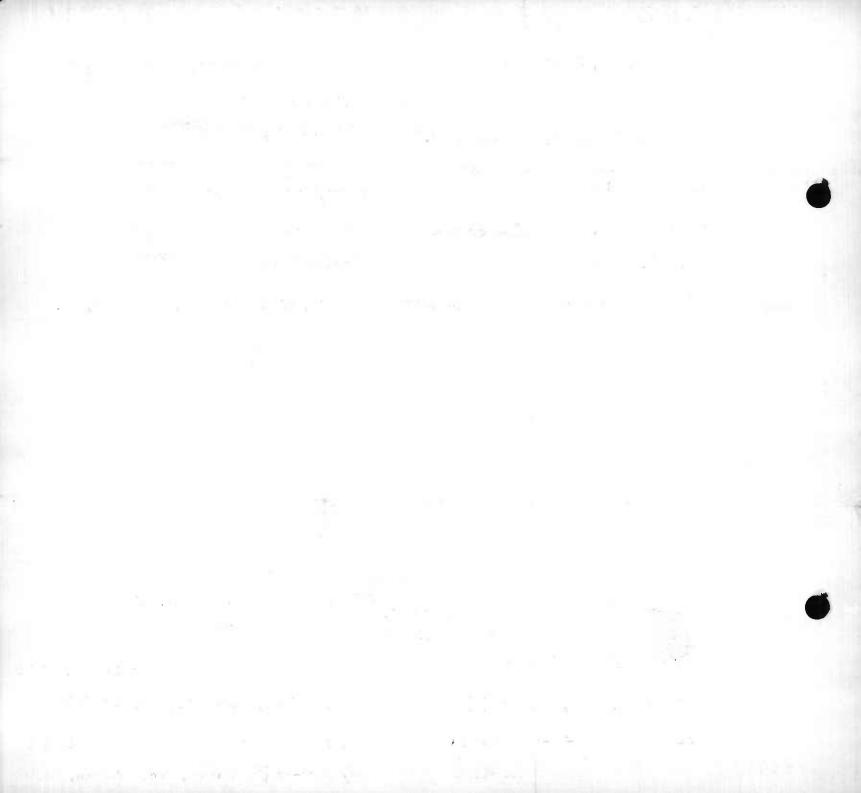
1	C-612	70 102	2:10	BALTIMORE CITY			REG. NO.	70 1021	0
	RTH NO.			CERTIFICA	TE OF D	EATH			
	une or Printl	ande	v J /	arvaral		2. DATE AND	OUR OF DEATH	()-1 /	1 15
3.	PLACE IN BALTIMORE	MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESI	DENCE (Where do	eceased lived. If ins	stitution: residence be	elare admission)
III H	ULL NAME OF OSPITAL OR ADD	OT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Mary C. CITY OR TON			DE CITY LIMITS?	3-00
K	MARYLAN	10 6E	NERA	L HOSPITAL	E. STREET AND	11/14	RE Rd.	(NO	
5.	SEX 6. RACE	11/	7- MARRIED	NEVER MARRIED	8. DATE OF BIR	TH 9. A	GE (In years birthday)	If Under 1 Yr. If Months Doys Ho	Under 24 His.
10	NO DECLIPATIONS		WIDOWED		1-30	-07	6/	William Doys	Min.
do	during mast at working life,	even il retired)	IUS, KIND OF	BUSINESS OR INDUSTRY	1			12. CITIZEN OF WI	
12	PISO SILO		MACH	INIST			rico	Prerte	Rice
13	11	00		0	14. MOTHER'S			0	
1	Manuel	(ar	vaja	1		salfi.	na Col	104	
(Ye	Was Deceased Ever in U. s,no or unknown) (If yes, gi	. S. Armed Forc ive war or doles	of service)	SECURITY NO.	17. INFORMANT			ADDRESS	
	NO			214-61-1099	Margaret	t P. Carva	ijal 152 H	opkins Rd.	
	18.250.9	1		CAUSE OF DEATH	i			APPROXIM	ATE INTERVAL
	DISEASE OR CO	NDITION DIR	ECTLY		011	_	0	1 -	1 1 10 11
	(This does not mean	the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE T	/-	Cardiae	Ames	/ week.
	heart failure, asthenia, injury or camplication	elc. If means	the disease.	DOE 10, OR AS 1	CONSEQUENCE	Or:		`	
		ENT CAUSES		Pink	t. 11	olli 1		Mar	1 4000
	DISEASES OR COND	OITIONS, il a	ny, giving	DUE TO, OR AS	A CONSEQUENC	E OF:		rian	Teas
	rise to the above UNDERLYING CONDIT	cause (A)	stating the	10 Arter	asdero	Lie Casas	lie doscula	Diea)	Man Yes
7		11				- /			11
ATTO	OTHER SIGNIFICANT CON	RELATED TO THE	E TERMINIAL	6 /5il	atered	2 pleu	ral el	//.	'
CAI	19A. DATE OF OPERATIO	GIVEN IN PART	1 (A).	(UICH OPENATION	1204		- 5//	ussa	
ERTIFIC	()	WAS PERFO	RMED	HICH OPERATION	20A. AUTOPS	Y7(Yes ar No) 20 IN	CERTIFYING CAU	NDINGS CONSIDER	ED
CAL CE	21A. ACCIDENT WAS U OR CONTRIBUTING C DEATH Inotify medical en	NDERLYING AUSE OF	21B, home	PLACE OF INJURY le.g., in b, form, foctory, street, off	or about 21 C. Wi	HERE DID	(II In Baltimore	City, give exect lacat	Itan)
EDI	21D-TIME (Month)	IDay) (Year)	(Hour 21E	INJURY OCCURRED	21F. HC	W DID INJURY	OCCUR?		
\$	OF INJURY (APPROX)		Whit	e Al Not While	- 1				
	22. I certify that (1) (t	his hospital)					19	1 111	72)
	that (I) (we) last saw			C / Y	19.70			on death accurred	
	•			(We) (did) (did not) vi	((my) (dur) opini	on death accurred	d an the date
	23A. SIGNATURE	-		() (a.a) (a.a 1101) 41	ew the body di	rer deom.		38, DATE SIGNED	
	150	rel	et.	Aften Phys.	ding Me	ed. Staff		10/	14/20
	23C:PHYSICIAN'S NAME (Type)	/		DEGNEE	3D. ADDRESS	Phys.			110
4	150	1/1 2	EE	21PA		111	14		
24/	BURIAL CREMATION,	24R DATE	24C. NA	ME of CEMETERY OF CREA	MATORY	24D. LOCAT	ION (Čity	tawn, or county)	(State)
	Burial Specify)	10/17/70	Cat	hedral Cemeter	У				Md
25A	DATE REC'D BY HEALT	H DEPT. 2	SE NAME OF	REGISTRAR	25C, FUNERA	L DIRECTOR	rick Rd. E	ADDRES	
	OCT 19 1970	Robert &	Jase		Model	Ill Who	elell (Oulm &	Gaz.
VS	150-REV. 1/1/68		7 6	U U	1 8500		7 N	4	





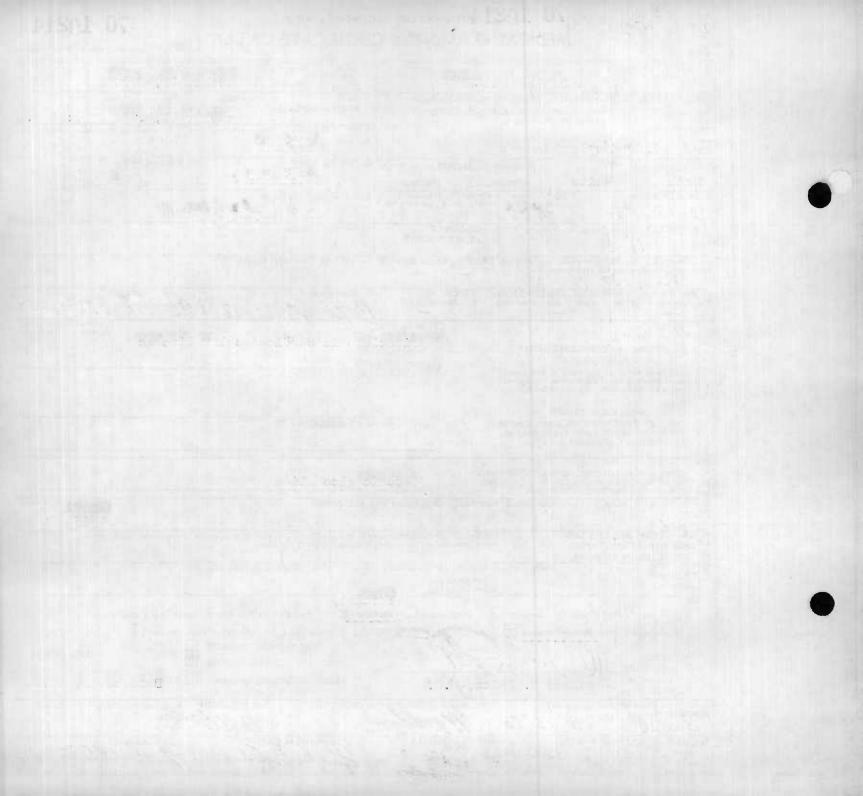
H-635		BALTIMORE CITY				r.o	
BIRTH NO. 70	10212	CERTIFICA	TE C	OF DEATH	REG. NO.	70	10212
I. NAME OF DECEASED					ID HOUR OF DEA	гн	
John J. Hart	man . Sr			10/1	3/70		8:20 P.
3. PLACE IN BALTIMORE, MARYLAND, 1			1100010	AL RESIDENCE (When	re deceased lived I	I institution:	residence before odmissi
FULL NAME OF (IF NOT IN HOSPI' HOSPITAL OR ADDRESS OR LOC INSTITUTION	TAL OR INSTITUT	NON, GIVE STREET	Md c. CITY	OR TOWN	e Arundel	VSIDE CITY	LIMITS?
/ St Agnos II-o-'t	- 7	- 2		nover		YES [No 🔀
St. Agnes Hospit	aı			et and number ox 49 Wright	- הם		
SEX 6. RACE	7. MADDIED	NEVER MARRIED			9. AGE (In years	- I 14 44	
M W	WIDOWED	DIVORCED	1/1	6/11	lost birthdoy)	Months	Poys Hours Min.
DA, USUAL OCCUPATION (Give kind of wor one during most of working life, even if retired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRT	HPLACE (State or lorei	gn countryl	12. CI1	TIZEN OF WHAT COUNT
Operator (ret.)	A.A. C	. San. Com.	В	altimore,	Maryland	11	.S.A.
FATHER'S NAME				HER'S MAIDEN NAM	AE	0	
Louis T.	Hartman			Mar	y Hewi	tt	
. Was Deceased Ever in U. S. Armed For es, no or unknown) (If yes, give war or date	ces?	6. SOCIAL SECURITY NO.	17. INFO	RMANT	y HEWI	0.0	ADDRESS
no /////////	1111111 2	215 09 0505	Mrs	. Maroaret	Hartman	(wife) Same As #4
18.250.9		CAUSE OF DEATH			7762.4	(0210	APPROXIMATE INTERVAL
DISEASE OF CONDITION DI	RECTLY		-13		- 0		BETWEEN ONSET AND DEA
(This does not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAUS		andiac de	ath		
heart laiture, asthenia, etc. It means injury or complication which caused	the disease	DUE TO, OR AS A	CONSE	DUENCE OF:			
ANTECEDENT CAUSES		ASCVD.	ユュ	tratable co	artine fai	fine	
DISEASES OR CONDITIONS, if	ony, giving	DUE TO, OR AS A	A CONSE	trutable c.	3	*	**********
rise to the above couse (A) UNDERLYING CONDITION lost.	slaling the			mellitu			
II		(
OTHER SIGNIFICANT CONDITIONS COLTO THE DEATH BUT NOT RELATED TO THE	TRIBUTING						
DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).	***************************************					************
OTHER SIGNIFICANT CONDITIONS COL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 119B. CON WAS PERF	DITION FOR WH	ICH OPERATION	20 A.	UTOPSY? (Yes or No)	208, IF YES, WERI	FINDINGS AUSES OF	CONSIDERED DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PL	ACE OF INJURY (e.g., in	or about	YES			
DEATH (notify medical examined)	home,	form, foctory, street, offic	ce bldg.	INJURY OCCUR?	lit to Bottim	are City, giv	re exoct locotion)
OF INJURY (Month) (Doy) (Year)	(Hour) 21E IN	JURY OCCURRED		21F. HOW DID INJU	RY OCCUR?		
(APPROX.)	While	At While At Work					
22. I certify that (1) (this hospital)	attended the	deceased from		39) to		10
that (1) (we) last saw the decease	d allve an		19.	and the	t In(my) (aur) or	Inian dea	th accurred on the do
and hour and from the causes state	ed abave. (1) (1	We) (dld) (dld not) vle	w the I	ody ofter deoth.	,,,, (==,, =,		decoiled dir ine da
23A. SIGNATURE						23 B. DAT	E SIGNED
Ching Hui To	Bui Mi	OEGREE Aftend	ling 🗌	Med. S	toff hys.		
NAME (Type)			7001	ESS	-		
Ching-Hui			St.	Agnes Hosp:	ital, Bal	timo s e	e, Md.
A- BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NAM	E of CEMETERY OF CREM	ATORY	24D. LO		ity, town, o	
Burial Oct.16/	70 Glen	Haven Mana	1191	G	len Burn	ie,	Maryland
AUCT 19 1971 HEALTH DEPT.	258, NAME OF	Ledshipp Memo:	130	INEMAY DIRECTOR			Funeral Home
150-REV. 1/1/AR	valen!	140	V/9	enques	O Glen	Burni	e. Wd.

R	-200	70 10	1/ 1.3	HEALTH DEPARTMENT	REG. NO.	70 10213
	H NO.		CERTIFICA			
	0.2 . 4	Jaime Lop	e		ND HOUR OF DEATH	
3. P	LACE IN BALTIMORE, M			II4. USUAL RESIDENCE (Wh	ober 14, 19	70 2:02 p
FUL HOS	L NAME OF (IF NO		INSTITUTION, GIVE STREET	Virginia C. CITY OR TOWN	NIT	1-43
3		spital, Bal	timore, Md.		23061 D. INS	YES NO
				C. SIREE! AND NOMBER		
	fale Can	WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	Jun23,1925	9. AGE (In years lost birthday)	tf Under 1 Yr. if Under 24 Hrs. Months: Doys Hours Min.
COHE	during most of working life, oncrete Manuf	even it tellied)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Side or lone Virginia	eign country)	12. CITIZEN OF WHAT COUNTRY
	ATHER'S NAME 'elix R. Rigat	1		14. MOTHER'S MAIDEN NA Bertha Dunsto		
US US	no or unknown) (if yes, given 1941.	S. Armed Forces? e wor or dotes of ser -1945	vice) 1 6. SOCIAL SECURITY NO. 225–20–4835	17. INFORMANT Records, USPHS	Hospital	Baltimore Md.
1	8. 200,0	1	CAUSE OF DEATH			APPROXIMATE INTERVAL
NOIL	DISEASES OR CONDI	NT CAUSES TIONS, if any, g cause (A) stoling ON last. DITIONS CONTRIBUT	(c)	A CONSEQUENCE OF:		
ERTIFICA	PA-DATE OF OPERATION	198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	Yes	O 208 IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
2	1A. ACCIDENT WAS UN PR CONTRIBUTING CA PEATH (notify medical exc	DERLYING USE OF	21 B. PLACE OF INJURY (e.g., in home, form, foclory, street, officelc.)	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	(if In Bolttmore	e City, give exoct locotion)
50	ID. TIME (Month) (. F INJURY APPROX.)	Doy) (Year) (Hour)	21E INJURY OCCURRED While A1 No1 While Work At Work	21F. HOW DID INJ	URY OCCUR?	
	2. I certify that XIX (that XIX) (that XIX)		led the deceased from	, (()	ot letern (our) and	. 14 19 70
- 1			/e. (1) (We) (dld) (did noi) vi	ew the hady after deat	an indurate (ont) abit	nun death accurred on the date
23	A. SIGNATURE	Ward M. O.	Atten	44	Staff XX	October , 1970
23	SC.PHTSICIAN'S NAME (Type) SAMUEL P. W		DEGREE Prys.	Director L Director L Director L Director L Director L		
4A. I	BURIAL CREMATION, 24		C. NAME OF CEMETERY OF CREA			y, town, or county) (Stote)
Bu	rial	10-19-70 N	ewington Church C	emetery Glou	cester,	Virginia
CI	19 1970 R	Best E. Jabe	ME OF REGISTRAR	25C. FUNERAL DIRECTOR WIND COOK-Brook	s Towson, I	nc. Towson, Md.



VS 151-REV. 1/1/68

70 10214BALTIMORE CITY H	EALTH DEPARTMENT
	CERTIFICATE OF DEATH PEG NO. 10214
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) RAYMOND WILLIAM	2. DATE Known & Month Day Year Hour OF DEATH Estimated October 12, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated OCCODET 12, 1970
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD October 12, 1970 7:25 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
2309 Maryland Avenue	A. STATE Maryland B. COUNTY 12-06
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES A NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr Months Doys Hours Mir	
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
I 4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	Ruth Strain 1875 Lockshiel Mes 123
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL
Arterios	clerotic cardiovascular disease
DISEASE OR CONDITION DIRECTLY	
(A)IMMEDIATE	CAUSE R AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
LINDERIVING CONDITION LAST	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	nic alcoholism
DISEASE OF CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 1	WAS PERFORMED 21. AUTOPSY? (Yes or No) (Partial) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B.PLACE OF INJURY (e.g. home, farm, factory, street, of	in or about 22C. WHERE DID (II In Baltimore City, give exact location) injury occur?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
23. (P	artial)
I certify that I held an Inquiry I Inspection A	autopsy X and that on this basis, death in my apinion
	ide Homicide Undetermined manner
1.00	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUSICAL MANAGEMENT AND MAN	.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER Dctober 13, 1970
24A, BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETER	Y or CREMATORY 24D, LOCATION (City, town, or county) (Stole)
REMOVAL (Specify) 10-15-70 Woodlas	un Ballo-ba
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF BEGISTRAR	250 FUNERAL DIRECTOR ADDRESS ADDRESS Con School for
001 19 19/0 00000 9 1 1 1 1 1	Saul trachinowith 3615 thistelfe



VS 150-REV.

1/1/68

WAL TOWNS TO THE

white I - carl D. Shyder -

the standards of the captures of the largest of the captures o

TARREST TIME IN STREET OF THE STREET OF THE SELF CHARLES

VS 151-REV. 7/1/68

MINE CALLEST WEEK TO THE REAL PROPERTY OF THE PERSON OF TH and the limit of the same . bet . Trought (all-The transmitted of the same of

FUNERAL DIRECTOR:

5-365 70 102:	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 10210
Type or Printl SKUDRNA, Joseph		2. DATE A	ND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If in	nstitution: residence before admission
HOSPITAL OR ADDRESS OF LOCATION INSTITUTION Veterans Administr	eation Hospital	c.city or town Baltimore	D. INS	YES TO NO
3900 Loch Raven Bo Baltimore, Marylan		E. STREET AND NUMBER	ford Avenue	
Male White win	ARRIED NEVER MARRIED DIVORCED DIVORCED	3/27/03	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, K done during most of working life, even if retired) Press operator	Rubber Plant	Mt. Pleasant,		12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME Harry Skudrna		14. MOTHER'S MAIDEN NA Anna Bohac	AME	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (Iff yes, give wor ar dotes of s. Yes 12/7/42 - 6/24/	ervice) 16. SOCIAL SECURITY NO. 212-10-2191A	VA Hospital R 3900 Loch Rav		ADDRESS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, and the above cause (A) station underlying condition last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBLE	g the (C)	nia A Consequence of:		2 days
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A).	AINAL	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inatily medical examines	21 B. PLACE OF INJURY (e.g., in hame, larm, factory, street, aff	or about 21 C. WHERE DID	(If In Baltimar	a City, give exact lacotion)
21D.TIME (Manth) (Doy) (Year) (House (APPROXI	While At Not While At Wark	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (1) (this hospital) attention (1) (we) last saw the deceased ally	e on October 12t	h19_70ond tl	not In (my) (our) opli	ctober 12th 19 70
ond hour ond from the couses stoted ob- 23A. SIGNATURE ACQUILITY 23C. PHYSICIANG	nell M - DeGree Phys.	iding Med.	Staff Phys.	238, DATE SIGNED 10/13/70
MARGUERITE T.	MORAN, M.D.		och Raven Bor	
Burial 10/15/70	24c. NAME of CEMETERY OF CRE/ Meadowridge Men	The state of the s	ocation (Citation)	
ACTION ACTION () A AMEDIA	AME OF REGISTRAR	25C. EGNERAL DIRECTOR	ek Frened	Am 333/ Rueling





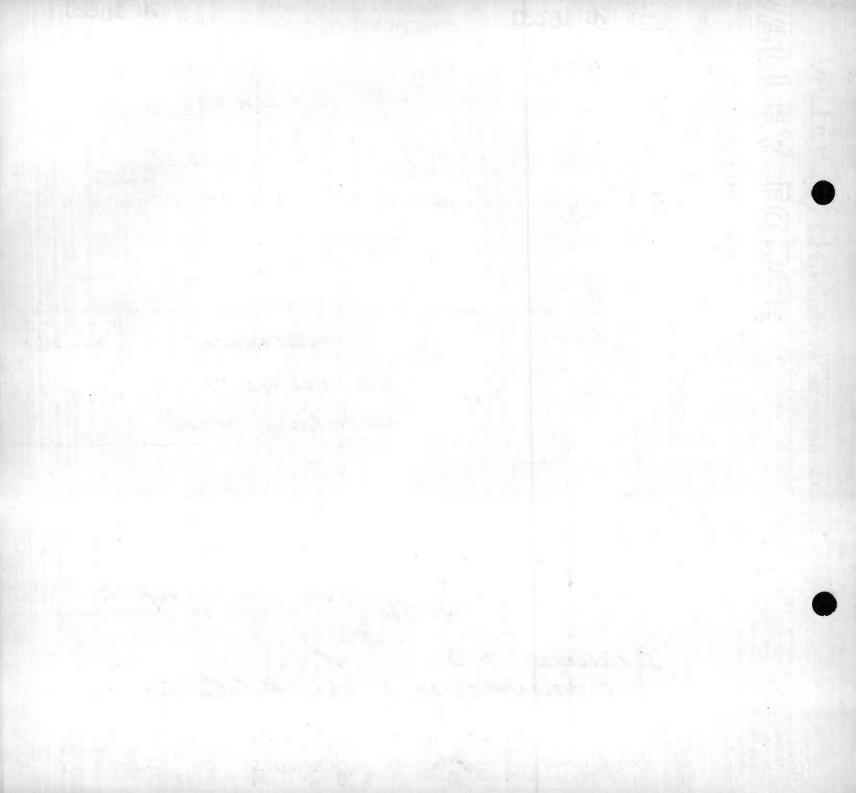
Social Security Card and V.S. 153 11-10-70 M.H.

4

.

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE 8. COUNTY D. INSIDE CITY LIMITS? YES = NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS RETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes ar No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in(my) (aur) apinian death accurred an the date 23B. DATE SIGNED (City, town, or county) VS 150-REV. 1/1/6B



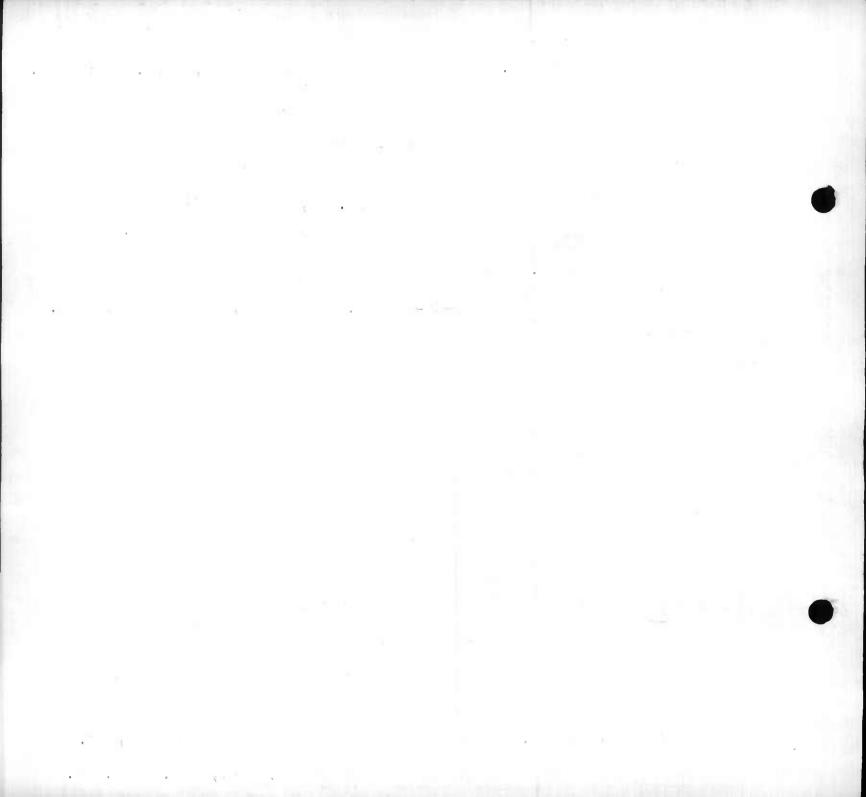
FUNERAL DIRECTOR: IMPORTANT

REG. NO. 70 10221
AND HOUR OF DEATH
15 1070
nere deceased lived. If institution: residence before admission
21-37
D. INSIDE CITY LIMITS? YES NO
165 140
Raven Blvd
9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
+ 76
reign country) 12. CITIZEN OF WHAT COUNTRY?
U.S.A
AME
ritch
ADDRESS
ritt 5621 Laurelton Ave
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
6/0 N BETWEEN ONSET AND DEATH
10/190

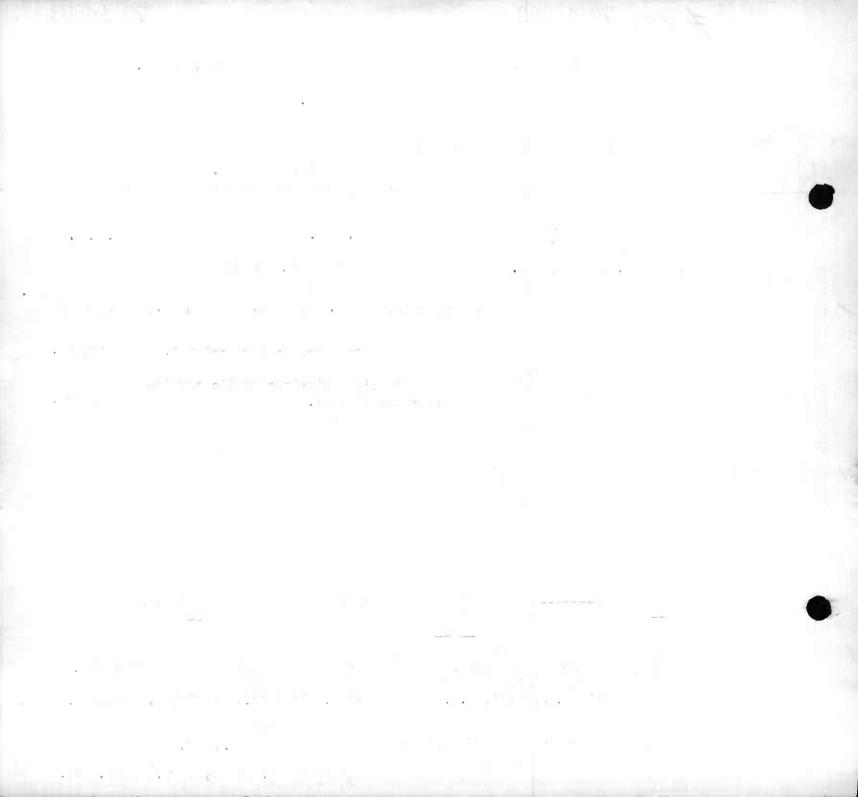
0) 20B. IF YES, WERE FINDINGS CONSIDERED
IN CERTIFYING CAUSES OF DEATH?
(If in Boltimore City, give exact location)
JURY OCCUR?
19 70 ta 10/15 19 70
nat in (my) (our) apinian death occurred an the date
23B, DATE SIGNED .
Shaff 10/15/70
rnys. — / / / / / / / / / / / /
Spring Tone Polts Wa
Spring Lane Balto. Md OCATION (City, town, or county) (Stote)
Baltimore, Maryland
uck I'c. Balto. Md



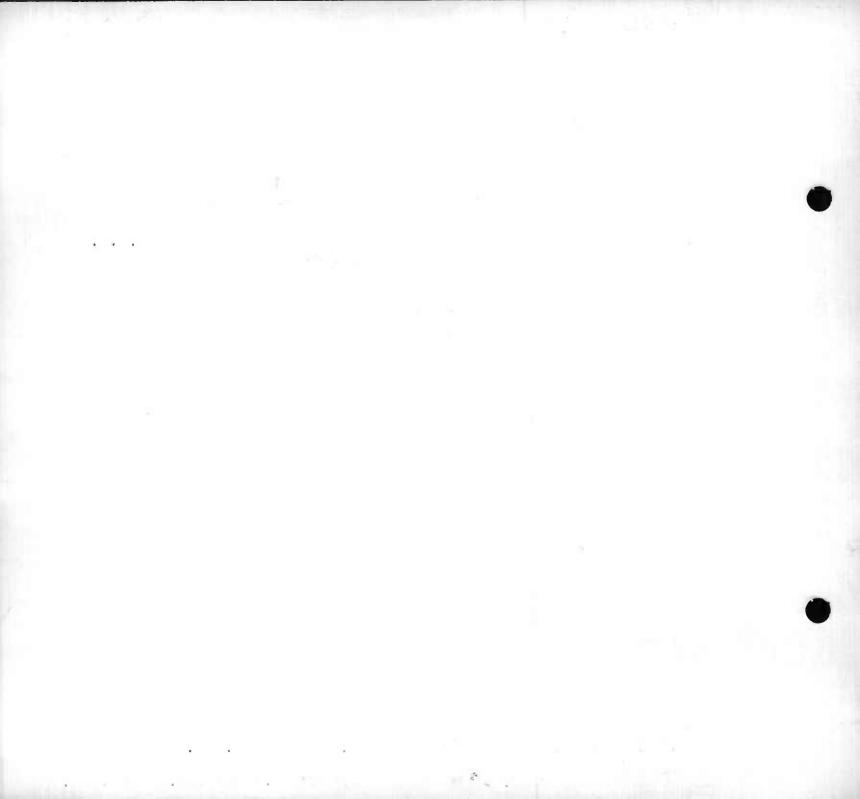
DIRECTOR:



4-400 70 10223		HEALTH DEPARTMENT		70 10223
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEASED			HOUR OF DEATH	
ROSE MARY		Octobe	er 14, 1970	• 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	OUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If instituti	on: residence before admission)
FULL NAME OF OF HOT IN HOSPITAL OR INSTI	THEOREM CIVIC CENTER	Md.	27	1-11
HOSPITAL OR ADDRESS OR LOCATION)	TO HON, GIVE STREET	C. CITY OR TOWN	In this per	TV MARTES
		Baltimore	D. INSIDE C	
/ / Union Memorial	Hospital	E. STREET AND NUMBER	163	NO NO
44				•
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		Under 1 Yr., Il Under 24 Hrs.
remale White WIDOWED	DIVORCED	1-30-98	72 Mo	Under 1 Yr. II Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Odone during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?
Nurse		W. Va.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0.0.n.
John J. Foley, Sr.		Hele T. Gur	ກຳກອ	
	NA SOCIAL		mrring.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Rd.
No	218-32-0773	A Dr. John J.	Foley, Jr.,	5229 Harford
18.412.21	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	se Gerebrovascular	accident.	Sudden.
(This does not mean the mode of dying, e.g., heart failure, astherio, etc. It means the disease	CHETO OF IC	CONSEQUENCE OF:	************	******************************
injury or complication which caused death.)		sive arterioscler	otic cardio-	
ANTECEDENT CAUSES	(a) Vascular	disease.		?years.
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.				
CHARLETTO CONDITION TOSE	(c)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART I (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OR IE VEC WERE CINOU	NGC CONCIDENCE
WAS PERFORMED		1	OR IF YES WERE FINDI	OF DEATH?
	PLACE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(II to Relimera City	, give exact location)
OR CONTRIBUTING CAUSE OF hom	ne, torm, loctory, street, oil	ice bldg., INJURY OCCUR?	fit in commore City,	give exoct tocotton;
O 21D-TIME (Month) (Day) (Year) (Hourt 21E				
S OF INJURY	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	ile At Not While			
22. I certify that (1) (this hospital) attended t	he deceased from 4	/2/70 19	to 10/14/	70 10
that (I) (we) lost saw the deceased alive an_		10 and above		
		and that	intwal facts abinion	death accurred on the date
and haur and from the causes stated above. (23A. SIGNATURE	(did not) vi	ew the body after death.		
11 . 00	A A A	diag - Mad - St		DATE SIGNED
toller Depted 1	DE GREE		#. 🗆	10/15/70.
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
Edwin B. Jarrett		II E. Chase St.	, Baltimore,	Maryland.21202.
24A. BURIAL CREMATION, 24B. DATE 24C.N. REMOVAL (Specily)	AME of CEMETERY of CRE	MATORY 24D. LOC	ATION (City, tow	rn, or county) (Stotel
30 20 00	a Cathadaa?			-
	W Cathedral	Balt	0., Me.	ADDRESS
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0000		nole Tro D	
(C 160 064 1/1/6	4 4 1	deonard J. R	Luck, Inc. B	arto. Plu.



B-200 70 102 BIRTH NO.	21 3 4	TE OF DEATH REG. NO. 70 10224
T. NAME OF DECEASED (Type or Print) MRS. ANNE	BAYES	2. DATE AND HOUR OF DEATH.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF OF OF OR ADDRESS OR LOCATION! INSTITUTION	ONO UNCED DEAD	A. STATE B. COUNTY MARYLAND. C. CITY OR TOWN D. INSIDE CITY LIMITS?
CHURCH HOME &	HOSPITAL	BALTIMORE YES NO DE. STREET AND NUMBER
F 2.V	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9 9. AGE (In years lost birthdoy) If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN) done during most of working life, even if refired) Medical Secretary	D OF BUSINESS OR INDUSTRY	II. BURTHPLACE (Stote or foreign country) DARYLAND. 12. CITIZEN OF WHAT COUNTRY? UBAERICA
EDGAR SLIT		COSHELLA KELLY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO. 220-44-2226	LOUISE BURKE 904 BELGIAN AVE
LEADING TO DEATH (This does not mean the mode of dying, heart foilure, asthenio, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give in the obove cause (A) stoling UNDERLYING CONDITION lost.	ving (B) DUE TO, OR AS (C) Aden O	CONSEQUENCE OF:
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS LINDERLYING	***************************************	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID (If In Boltimore City, give exact location) injury occur?
21D. TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not While At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (i) (this hospital) attended that (i) (we) last saw the deceased alive and hour and from the causes stated obave	on	5 19 70 ond that in (my) (aur) opinion death occurred on the date
A.C. Chemolit	mb, Degree Atten	ding Med. Sheff Med. Director Phys. Med. 10/(5/70
23C. PHY CIAN'S NAME (Type) A. C. CHOLIV	ALIT, M. D.	Church Home & Hospital Baltimore, md 21231
Burial 10/17/70 N	ew Cathedral	Cem. Balto. Md.
OCT 19 190 Page & Jack	AE OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS LOonard J. Bruck Inc. Balto. Md.



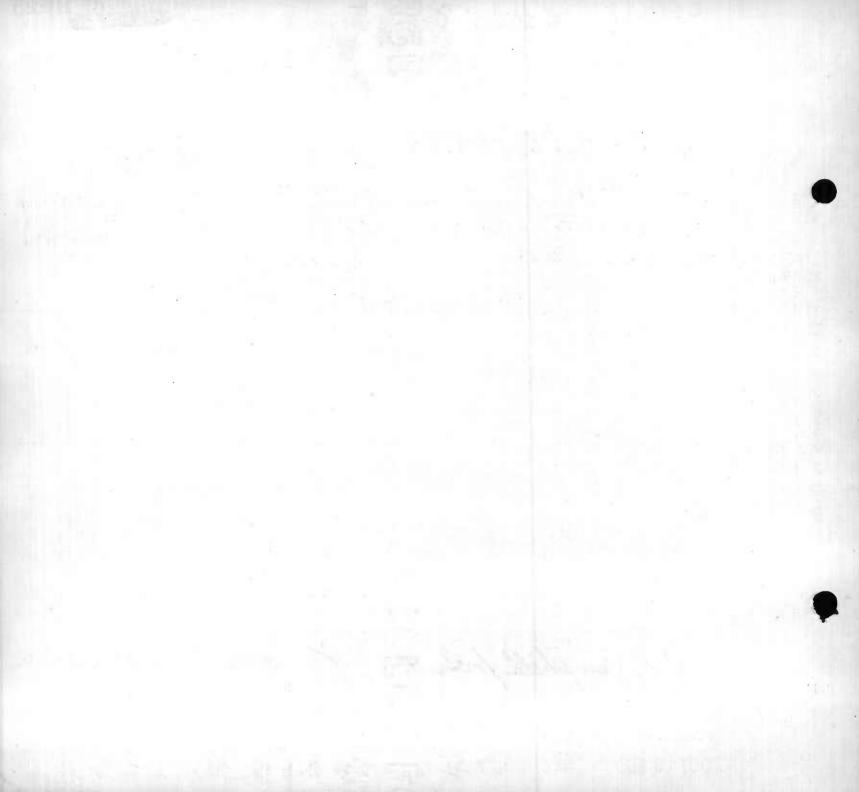
FUNERAL DIRECTOR:

NO

Hours

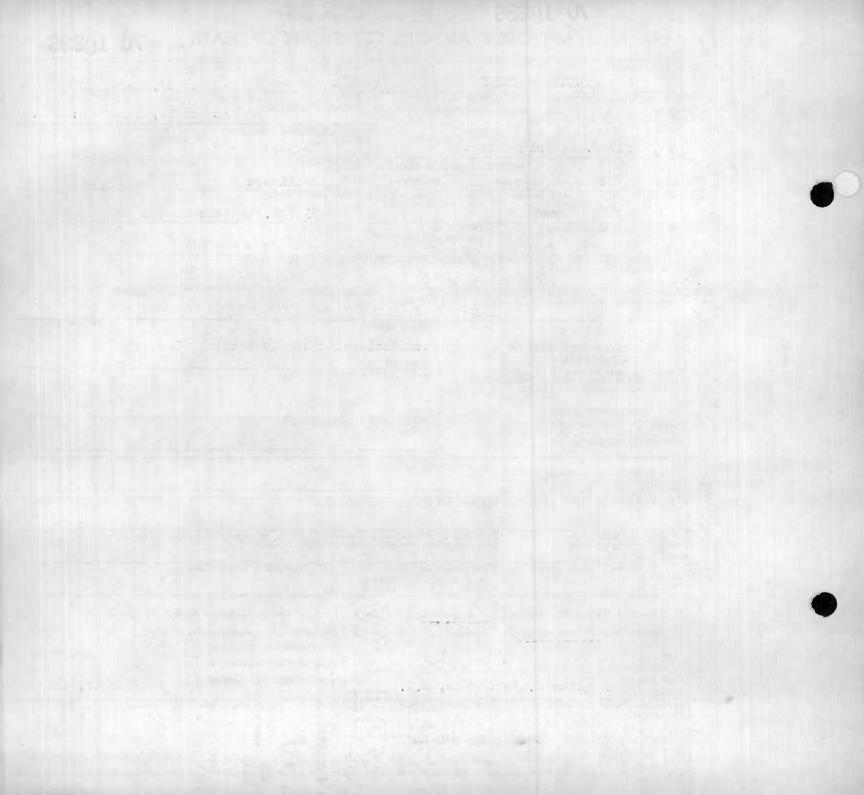
ADDRESS

If Under 24 Hrs.



70 10226 BALTIMORE CITY HEALTH DEPARTMENT

1		CERTIFICATE OF DEATH REG. NO. 70	10226
-	RTH NO. NAME OF DECEASED	2. DATE Known Month Doy	Year III
	pe or Print) ELIZA WATKINS	2. DATE Known 2. Month Doy OF DEATH Estimoted 0 October 17, 19	Yeor Hour 70 M.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD October 17, 19	
OK.	2319 W. Lanvale Street	A. STATE Maryland B. COUNTY	dence before odmission)
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	IMITS?
I	Female Negro WIDOWED DIVORCED	Baltimore YES	No 🗆
9.1	DATE OF BIRTH 10. AGE (In years 10. AGE (In years	e. street and number 2319 W. Lanvale Street	
11.	BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME THADDEUS BURNELL	
1	DOCE OF CO VA		
don	LUSUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' g during most of working life, even if relired)	Twois Holliony	
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no oxygnknown) ((if yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDR	ESS CHAINE CH
_	ハロ スコローラローの5スプ		APPROXIMATE INTERVAL
	CAUSE OF DEA		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arteriose	clerotic cardiovascular disease	
	(A)IMMEDIATE (CAUSE AS A CONSEQUENCE OF:	
	heart follure, asthenia, etc. It meons the disease, injury or complication which caused death.)	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF	
2	C)		
F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
ERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21	. AUTOPSY? (Yes or No)
2			No
DICA	UNDERLYING OR CONTRIB. home, form, factory, street, office	In or about 22C, WHERE DID (II In Baltimore City, give exact to bidg., etc.) INJURY OCCUR?	cation)
MEDI	UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E,INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
		WHILE VORK	
	23. I certify that I held on Inquiry Inspection X Au		
		topsy and that on this basis, death in my opi de Homicide Undetermined manner	nion
	resulted from: Natural causes K. Acadent Suici	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER	
	SIGNATURE Charles J. State M.C.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER Octob	er 17, 1970
	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY		county) (State)
1	Burno 10/21/70 NA KUS		
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	A. Lower So
VS	151-REV. 1/1/68	Was in the	



BALTIMORE CITY HEALTH DEPARTMENT

			10
~		10	50
13	1	V	

#-626 MEDICAL EXAMINE	ER'S CERTIFICATE OF DEATH	REG. NO. 70 10227
1. NAME OF DECEASED (Type or Print) LONNIE MAE BROWN Park	2. DATE Known Month OF DEATH Estimoted	Day Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD Octobe:	Poy Yeor Hour r 2,1970 7:50 PM
or institution 1018 Mt. Holly Street	Maryland Maryland	d. If Institution: residence before admission)
	RCED Baltimore	YES NO
3/31/1930 lost birthdov) Months Days Hou	1018 Mt. Holly Stre	et
WHAT COUNT		
44.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR done during most of working life, even if retired)	INDUSTRY 15. MOTHER'S MAIDEN NAME	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY	NO.	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ACU Blui CAIM	e OF DEATH te Ethylism complicated by Mu nt Force Injuries MEDIATE CAUSE	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
(Ints does not mean the mode of dylng, e.g., heart follure, osthenia, etc. it means the disease, injury or complication which coused deoth.)	JE TO, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	E TO, OR AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA		
	ATION WAS PERFORMED	21. AUTOPSY? (Yes or No) Yes
UTING LI CAUSE OF DEATH.	URY (e.g., In or obout 22C, WHERE DID (If in Saltimore Correct, office bidg., etc.) INJURY OCCUR? 1018 Mt. Holly St	City, give exact location)
220. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OC (APPROX.) October 2, 1970 m. WHILE AT WORK	NOT WHILE Beaten and chocke	
l certify that I held an inquiry Inspection resulted from: Notyral causes Accident	Autopsy and that on this basis, de	
ACTUAL SIGNATURE MED MKNULL	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Körnblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	10/3/70
Durin 10/7/1970 Post in	EMETERY OF CREMATORY 340. LOCATION	(City, town, or county) (Stote)
OCT 19 1970 ABLE C. 258. NAME OF REGISTRA	25C. FUNERAL DIRECTOR	1/2 W. North Ave.
S 151-REV. 1/1/68	0721	/

Cause of death with ac sellylism contributing to it. 1/2d. Coam. Office (or foundlum) era shore - gr.

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D, LOCATION

October 17, 1970

Callhoun

(State)

(City, tawn, or county)

ADDRESS

SIGNATURE_ EXAMINER'S

NAME (Type)
24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

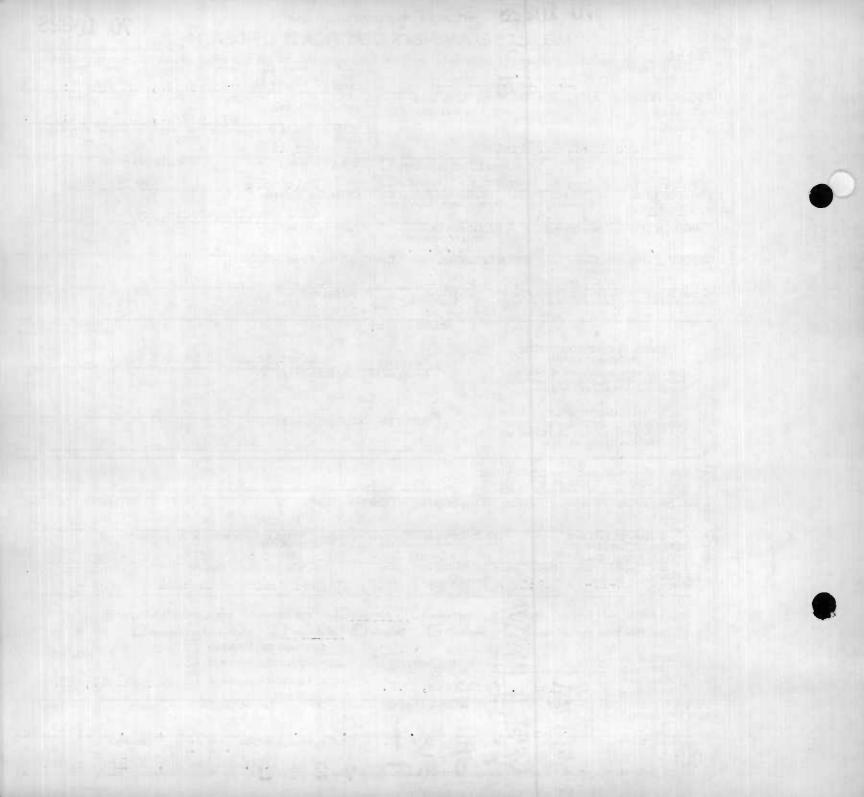
VS 151-REV. 1/1/68

248. DATE

Charles S. Springate, M.D.

268. NAME OF REGISTRAR

24C, NAME of CEMETERY or CREMATORY



W-452 70 102		HEALTH DEPARTMENT	70 10229
BIRTH NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	
Type or Printl WILLIAMS,	, Clarence Charles	October 18,197	
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It is a STATE B. COUNTY	nstitution: rasidence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATINSTITUTION Veterans Admini	or Institution, GIVE STREET ION Stration Hospital	Maryland	SIDE CITY LIMITS?
3900 Loch Raven		Baltimore	YES NO
Baltimore, Mary		E. STREET AND NUMBER 1115 N.Stockton St.	
	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	Il Under 1 Yr. , Il Under 24 Hrs.
	WIDOWED A DIVORCED	9-11-96 lost birthdoy 74	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work it done during most of working life, even if refired) Dump operator	B& Railroad	11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert Williams		? Couplin	
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give wor or dates	s? 1 6. SOCIAL of Service) SECURITY NO.	17. INFORMANT RECORDS	ADDRESS
Yes 9-26-18 to 1-	11-19 218-03-0338	VA, Hospital 3900 Loch Ra	ven Blvd Balto., Md.
18.	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	CTLY	11	BETWEEN ONSET AND DEATH
(This does not mean the mode of d	(A)IMMEDIATE CAU	SE HOUNGERROOM ?	of 10 whs.
hear lailure, osthenia, etc. it means th	e disease.	CONSEQUENCE OF:	7)
injury ar complication which caused de	eath.)	The hung	
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, if an ise to the abave cause (A) si	y, giving DUE 10, OR AS I	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(C)		
Z OTHER SIGNIFICANT CONTRACTOR CONTRACTOR			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE	TERMINAL		
OISEASE OR CONDITION GIVEN IN PART 1	TION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No) 20B. IF YES WERE	FINDINGS CONSIDERED
WAS PERFOR	RMED	NO IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or about 21 C. WHERE DID (If In Baltimore bldg., INJURY OCCUR?	e City, give exact lacation)
21D-TIME (Month) (Doy) (Year) (Hour 21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work		
22. I certify that Michis haspital) a		September 20, 19 70 10 Oct	18 70
that (# (we) last sow the deceased of			nian death accurred on the date
and hour and from the causes stated			man death accorded an the date
23A. SIGNATURE	A /	ew the budy diter death.	23 B, DATE SIGNED
Sichard A.	Atten Phys.	Director Phys.	10+18+70
23C. PHYSICIAN'S NAME IType Richard A. Ca	ash $M.D.$ 3	900 Loch Rayen Pland Palto	M4 02020
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CREA	900 Loch Raven Blvd. Balto	
REMOVAL (Specily)	AR AL UI	Co Co Co	ly, lown, or county) (Stote)
5A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	200 FUNERAL PROPERTY.	1 Nd
OCT 19 1970 Q.C. 00	2 07 M 0 0	Varian Ray action	H ADDRESS
TA DIM AGGINE	A AMERICAN PROPERTY OF THE PRO	JUNEAU IN MANUELY /	348 Callour

game to the second of the second to the seco Jo 15 - 1881 - 5

Burial

VS 150-REV. 1/1/68

REC'D BY HEALTH DEPT.

9

70

Baltimore

258 NAME OF REGISTRAR

Such

death.

BIRTH NO. 70 10230 CERTIFICATE OF DEATH REG. NO. 70 10		
BIRTH NO. 20 10230 CERTIFICATE OF DEATH REG. NO. 10 10	230	
1. NAME OF DECEASED		
JOHNSON, Purnell J. October 16, 1970	8:20 P	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; tosiden	ce before admission	
A. STATE B. COUNTY	/ /	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR VELOCITIES ADMINISTRATE ON HOSPITAL OR COLUMN TO INSIDE CONTINUES.	/	
or more our contract to the contract of the co		
3900 Loch Raven Blvd. Baltimore YES	ио 📋	
Baltimore, Maryland 21218		
4203 Ridgewood		
6. RACE 7. MARRIED A NEVER MARRIED 3. DATE OF BIRTH 9. AGE (in years If Under 1 Ye	, If Under 24 Hrs.	
Male Negro WIDOWED DIVORCED 5-30-1910 GO In yeors It Onder 1 to Months Days	Haus Min.	
OA USUAL OCCUPATION (Give tind of worthing KIND OF BUSINESS OR INDUSTRY)		
one during most of working life, even if refleed)	F WHAT COUNTRY	
That y Latitu	U.S.A.	
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
Leonard Johnson		
5. Wos Deceased Eyer in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT Records ADD		
res, na ar unknawn) (II) yes, give wor ar dates of service) SECURITY NO.	RESS	
Yes 5-28-43 to 10-15-45 217-03-33-75 Alease Johnson 4203 Ridgewood	A Arronia	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving mise to the abave cause (A) stating the UNDERLYING CONDITION last. (B) DUSTO, OR AS A CONSEQUENCE OF: Arterioscleration (B) DUSTO, OR AS A CONSEQUENCE OF: HIPPROSMOIST Diabetes Urinary tract infection (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tion	
□ ITO THE DEATH BUT NOT RELATED TO THE TERMINAL IT DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A-AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONS	IDERED	
NO IN CERTIFYING CAUSES OF DEATH	7	
OR CONTRIBUTING CAUSE OF hame, form, foctory, street, office bldg. INJURY OCCUR?	location)	
21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?		
T(APPROX)		
Wark At Work		
22. I certify that (2) (this hospital) attended the deceased fram August 6, 19 70 to October 16		
October 16	19 70	
lines (4) (we) less saw the deceased alive an	19_70_	
and that in (mys. (aur) opinion death acc		
and haur and from the causes stated above. (We) (dld) (ADDAN) view the body after death.	urred an the date	
and haur and from the causes stated above. (We) (did) (AND) view the body after death. 23A. SIGNATURE	urred an the date	
and haur and from the causes stated above. (A) (We) (did) (BECASO) view the body after death. 23A. SIGNATURE Attending Med. Shaff A Director Phys. Director Phys. 3.0 (3.7.7.7.7.7.	urred an the date	
and haur and from the causes stated above. (A) (We) (dld) (BECROST view the body after death. 23A. SIGNATURE Attending Med. Staff A Director Phys. Director Phys. 3.0 (3.7.7.7.7.)	urred an the date	
and haur and from the causes stated above. (*) (We) (dld) (AND NOT view the body after death. 23A. SIGNATURE Attending Med. Staff A Director Phys. 123R. DATE SIGN	urred an the date	

Cem

UTTER

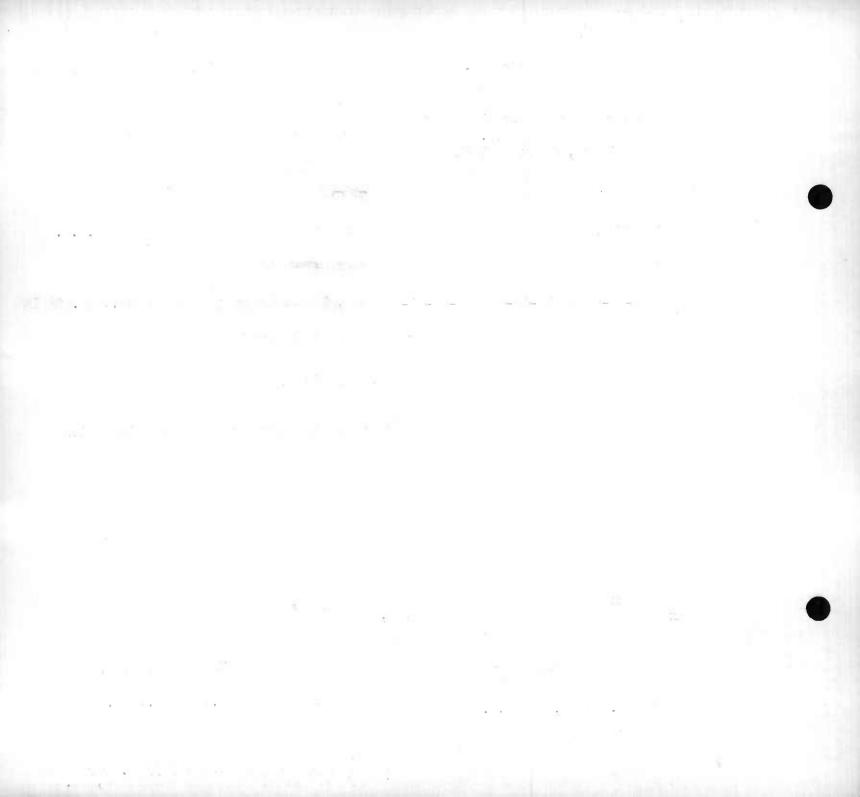
FUNERAL.

HOME

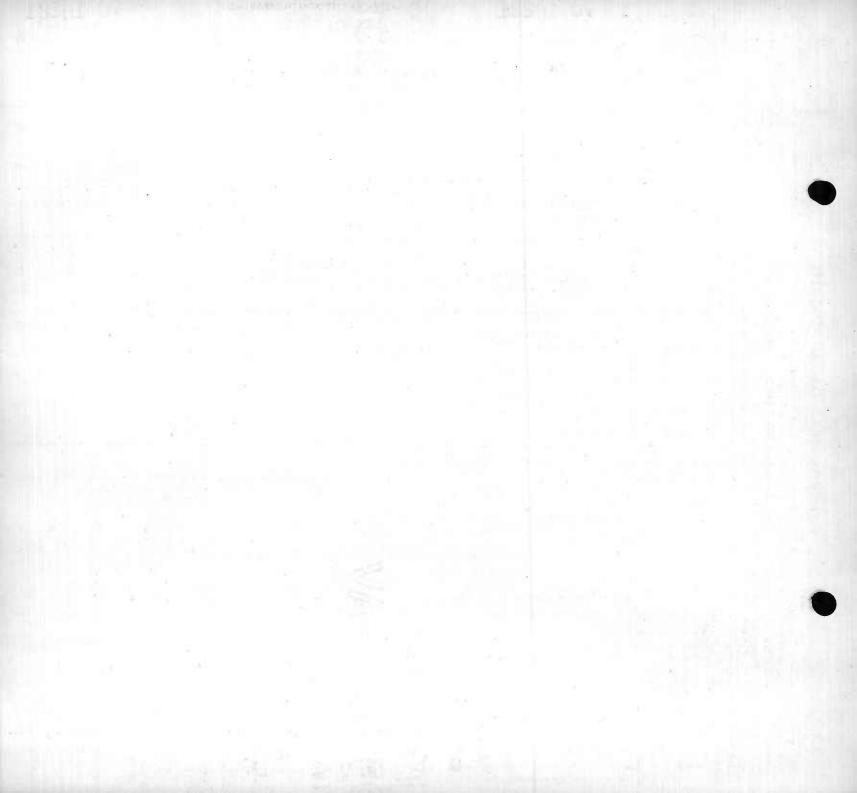
Maryland

3035 W. No Bal timore

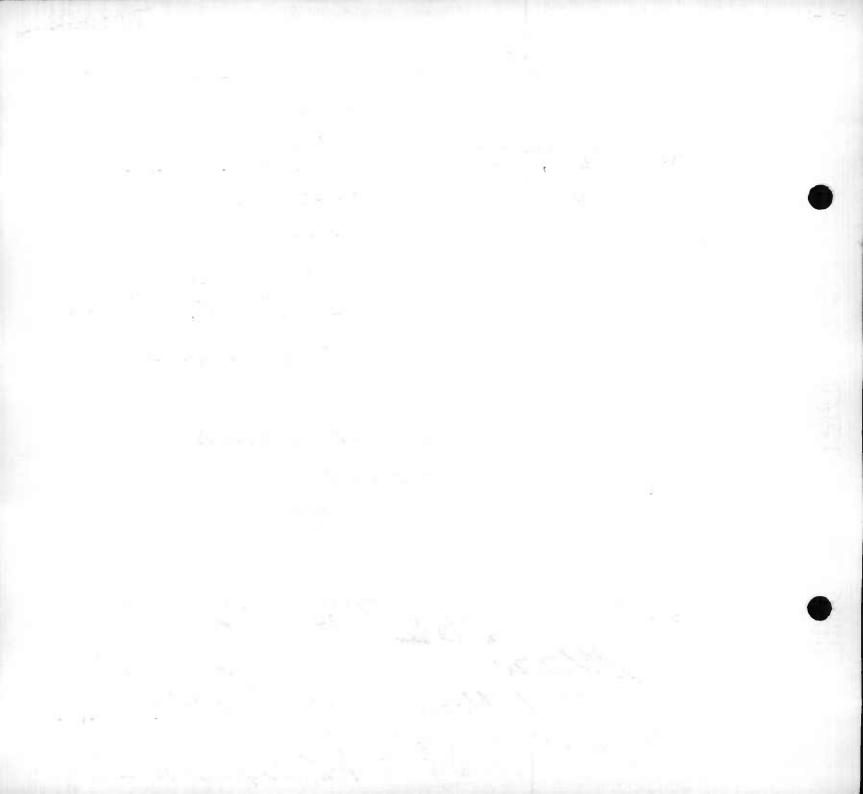
ADDRESS North Ave



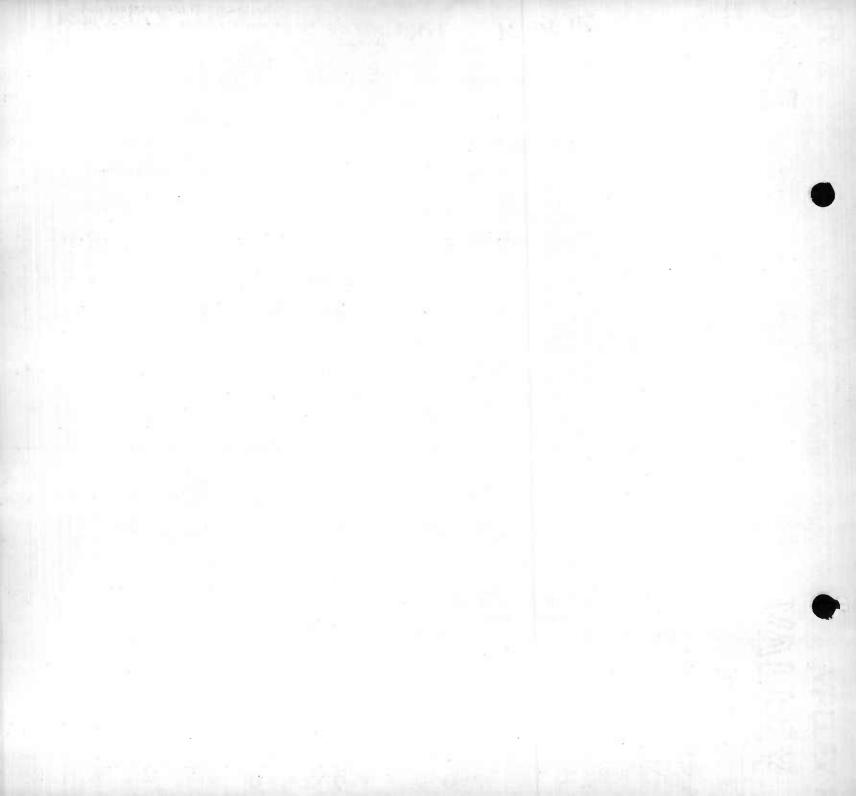
FUNERAL DIRECTOR:







FUNERAL DIRECTOR:

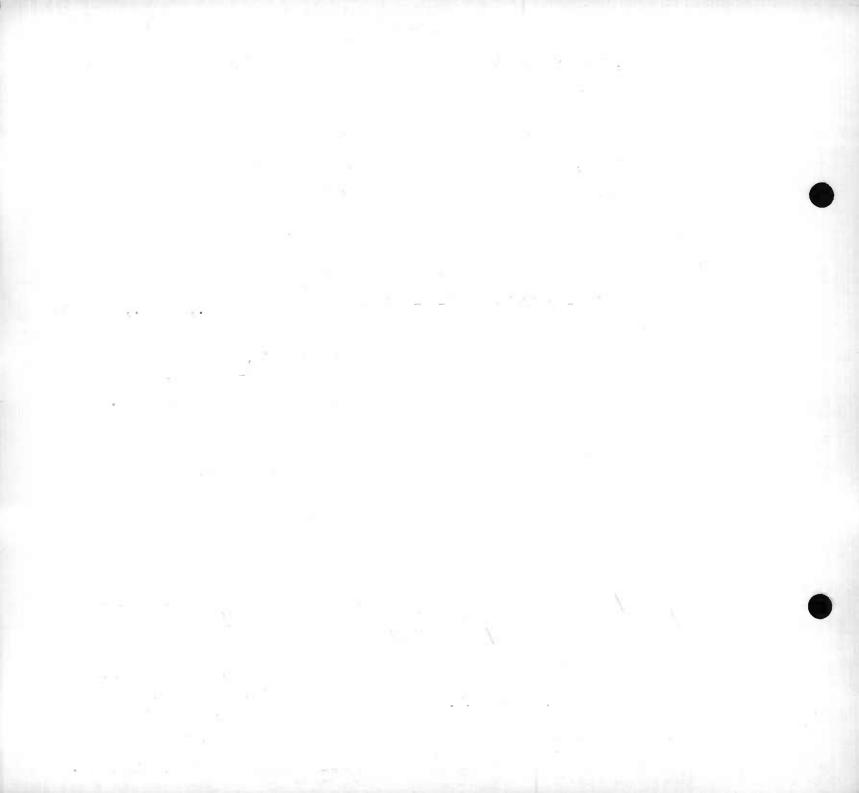


VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, Such	written approval must be obtained before the remains are embalmed or final disposition is made.
LONERA	the chief me	al by a med	(2) Body but	ere the phy:	o physician v	efore the ren
0	pproved by	o the hospite	any nature;	(except wh	3 and (9) No	obtained b
	te must be a	s released to	accident of	it a hospital	or to death)	oval must be
	This certifica	the body wa	shows: (1) An	was D.O.A. a	deceased pri	written appr

1 -3 1	BALTIMORE CITY	HEALTH DEPARTMENT	P10 1 000
Dittill 140.	L0236 CERTIFICA	TE OF DEATH REG. NO.	70 10236
(Type or Print) DENT, Leonard		2. DATE AND HOUR OF DEATH	1:00 AM
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II in	nstitution: residenco beforo admission
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCATION)	AL OR INSTITUTION, GIVE STREET ATION)	Maryland	15-01
	istration Hospital		YEST NO
3 3900 Loch Rave	n Boulevard	Baltimore E. STREET AND NUMBER	its No
Baltimore, Mar	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours	1 (1 H-4-1 V. (1 H 4 0 1 H
Male Negro	WIDOWED DIVORCED	8/6/10 lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work fone during most of working life, even if retired) Laborer	108, KIND OF BUSINESS OR INDUSTRY	Baltimore, Md	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Jim Dent		Margaret Wells	
5. Was Decoused Ever in U. S. Armed Forders, no or unknown) (If yos, give wor or date	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT VA Hospital Records	ADDRESS
YES 10/2/43 - 10	125-09-5011 CAUSE OF DEATH	3900 Loch Raven Blvd., Ba	1to., Md 21218
DISEASE OR CONDITION DIE LEADING TO DEATH (This does not meen the mode of heer foilure, ostherio, etc. It meens injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse fA) UNDERLYING CONDITION lost,	dying, e.g., the disease, deoth.) (A) IMMEDIATE CAU DUE TO, OR AS A	SE Tuberculosis, Pulmonary A CONSEQUENCE OF: Far-Advanced,	
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	VIRIBUTING Cor	PRITIONAL CIRRHOSIS pubmonale with failure	
O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994. DATE OF OPERATION 1998. CON WAS PERF	I (A). DITION FOR WHICH OPERATION	IN CERTIFYING CAL	FINDINGS CONSIDERED JSES OF DEATH?
21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, off otc.)	Yes or obout 21 C. WHERE DID ice bldg. INJURY OCCUR?	City, give exact location)
21D.TIME (Month) (Doy) (Yout) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) that (1) (we) last saw the decease	ottended the deceosed fromd alive on October 14th		ober 11th 19 70
and hour and from the causes state	ed obove. (1) (We) (did) (did/n/y) vi		
Louisa M. Kl	Perge M. D. Decessor Phys.	nding Med. Staff M	238. DATE SIGNED 10/16/70
23C. PHYSICIAN'S NAME (Type) RONICA M.	DEGREE	30. Address 3900 Loch Raven	Boulevard
4A. BURIAL CREMATION, 124B. DATE	24C. NAME OF CEMETERY OF CREATER	Baltimore Maryl MATORY 24D LOCATION (Cit	and 21218 y, town, or county) (State)
Burial (Specify)			
OCT 1 9 1970 Page 8	258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR Mary-Elizabeth Law 802	Address Madison Ave.



4. PLACE IN BALTIMORE.

20A. DATE OF OPERATI

FULL NAME OF

Male

9. DATE OF BIRTH 10-16-51 11. BIRTHPLACE (State or fo North Caro 14A.USUAL OCCUPATION done during mast of warking life 16. WAS DECEASED EVER (Yes, no or unknown) (if yes, gl

HOSPITAL OR INSTITUTION

6. SEX

,	70 102
K. 364	BIRTH NO.
/	1. NAME OF DECEASED

70	102		NCA1	BALTIMORE CIT				DE 4 711		70 1	n237	
H NO.		MEL		EXAMINER	5 C	EKIIF	ICATE OF	DEATH	REG. NO	10 1	. CILLUI	
or Print)		FREDDI	E (KI	TERLL)		2. DATE OF DEATH	Knawn 🔯 Estimated 🗆	Manth Octobe:	Doy 18,	1970	Hour	м.
ACE IN BALTI NAME OF STAL ISTITUTION				ONOUNCED DEAD TUTION, GIVE STREET (DO			OUNCED DEAD	Manth Octobe:			4:15	A.M.
South		imore	Genera	al Hospital		A. STATE	Maryland		. If Institution	n: residence	belare admis	sign)
X Male	Neg:	ro	8. MARRI	ED NEVER MARRIE		C. CITY O				ITY LIMITS		
O-26-53		10. AGE (la lost birthda	years	M Under I Yr. If Under 2 Nonths Days Hours	4 Hrs.	E. STREET	Baltimore AND NUMBER 1831 W. M			res 🔀	NO LI/	
orth C	aroli	na	Y	2. CITIZEN OF WHAT COUNTRY?			Kittre:	11				
uring mast of wa	rking life, ev	en ifretired)		OF BUSINESS OR IND	USTRY		tha Tyso:					
AS DECEASED	f yes, give w	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO).	Mrs.	MANT Isoline	Sample		DDRESS	Mulbe	rry
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, aethenia, etc. it means the disease, injury ar complication which caused death.)		IATE CA	AUSE Ce	rebro-cran	ial inju	ries		approximate in Ween onset a				
DISEASES OF RISE TO THE A UNDERLYING	ABOVE CAL	ONS, IF ANY	, GIVING ING THE	(B) DUE TO	O, OR A	S A CONSI	QUENCE OF:					
OTHER SIGNIF TO THE DEAT DISEASE OR C	ICANT CON H BUT NOT ONDITION	RELATED TO GIVEN IN PA	THE TERMIN	IAL								
A. DATE OF	PERATION	208. CON	IDMON F	OR WHICH OPERATIO	N WA	S PERFORI	MED			21. AUT	OPSY? (Yes a	r Na)

EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH, 22D. TIME (Manth)
OF INJURY (APPROX.) 10-18-70

ACTUAL

SIGNATURE EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DEPL

23.

CERTIFICATION

(Day) (Year) (Hour) 3:30 A.

22E.INJURY OCCURRED WHILE AT WORK

Charles S. Springate, M.D.

Accident

NOT WHILE

Sulcide

22F. HOW DID INJURY OCCUR? N Passenger in

228. PLACE OF INJURY (e.g., in ar obout 22C. WHERE DID (If in Baltimore City, give exact location) hame, form, factory, street, office bidg., etc.) INJURY OCCUR?

of B & O R.R. Overpass(Balt.Co.)

auto-fixed object collision and that on this basis, death in my opinion Homicide __ Undetermined manner

2800 Blk. Balt. - Wash. Expressway

CHIEF MEDICAL EXAMINER L ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

October 18, 1970

DATE SIGNED

No

24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 10-25-70 Burial

I certify that I held on Inquiry

resulted from: Natural causes

24C. NAME of CEMETERY or CREMATORY

Inspection Y Autopsy

24D, LOCATION

Lagrange, N.C.

(City, tawn, or county) (Stole)

258. NAME OF REGISTRAR

Expressway

25C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/68

Wm C March 928 E. North Ave.

-0 Plantill bies Mrs. Trolles Sample 1001 I. milety 13-25-220 Lowennes, I.C. May C. Martch 1228 R. Morth Ave.

VS 150-REV. 1/1/6B

Horth Carolina

Land Janes

14.15 - 1 5001 being defend total 0088- 1-188

stoned all

ring

VS 150-REV. 1/1/68

Such

W-4	(20) 70 1	0239	BALTIMORE CITY CERTIFICA	HEALTH DEPAR		REG. NO	70	1023	39
1. NAME OF I	DECEASED				2. DATE AND	HOUR OF DEATH			
2 2 4 5 7 1 1 1	WELCH, E					er 16, 1970		6:50	
	OF LIF NOT IN HOSPIT			A. STATE Maryland	R. COUNTY	deceosed lived. 11 in	stitution: res	idence belore	odmission
HOSPITAL OR	of lif not in Hospit Veterans Addith	15tratio	n Hospital	C. CITY OR TOWN	N	D. INS	IDE CITY LIN	АП5?	
	3900 Loch Raver			Baltimon	re		YES X	NO	7
23	Baltimore, Mar	yland 21	1218	656 W.	NUMBER Frankli	in St			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years	If Under	1 Yr. If Un	der 24 His
Male	Negro	WIDOWED	DIVORCED	11-6-27	la	st birthdayl 43	Months	Doys Hours	Min.
done during most	CCUPATION (Give kind af work t af warking life, even if retired) T	10B, KIND OF	BUSINESS OR INDUSTRY	Virginia	State or lareign	country)	12. СІПІХІ	U.S.A.	COUNTRY
13. FATHER'S	NAME			14. MOTHER'S M	AIDEN MALLE				
130 M	Welch			Venus Pe		-			
15. Was Decea (Yes, no or unkno Yes	sed Ever in U. S. Armed Far own) (If yes, give wor ar doje 1-23-46 to 6	ces? es of service) -6-49	16. SOCIAL SECURITY NO. 230-12-09-33	VAH, 3900		ecords aven Blvd.,		address o., Md.	21218
18. 7 DISI	ASE OR CONDITION DI	RECTLY	CAUSE OF DEATH	rrhosis o	f Tirran		86	APPROXIMATE	
	LEADING TO DEATH		(A)IMMEDIATE CAU		r progr				
heart failu	s not mean the mode of re, asthenia, etc. It means	dying, e.g.,		A CONSEQUENCE C	OF:			*********	*****
injury at c	amplication which caused	death.)	Egor	hogeal Va	mi aaa				
	ANTECEDENT CAUSES		-	_			1		
rise la	OR CONDITIONS, if the abave cause (A) ING CONDITION last.	any, giving slaling the	(B) DUE TO, OR AS	A CONSEQUENCE	OF:				
	11			***************************************					
E ITO THE DE	NIFICANT CONDITIONS COL EATH BUT NOT RELATED TO TH R CONDITION GIVEN IN PAR	IE TERMINIAL		pneumonia c nephros:		ral			
	OF OPERATION 198 CON WAS PERF	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? Yes		OR IF YES, WERE I	FINDINGS C USES OF DE	ATH?	
OR CONTR	DENT WAS UNDERLYING LIBUTING CAUSE OF Hify medical examines)	21 B. hame	PLACE OF INJURY le.g., in e, farm, factory, street, of	or about 21 C. WHI	ERE DID OCCUR?	(II in Boltimore	City, give	Yes exact lacation)	
21 D. TIME OF INJURY	(Manth) (Day) (Year)		INJURY OCCURRED		W DID INJUR	Y OCCUR?			
(APPROX)		Warl		· 🗆					
22. I certi	fy that (#(this hospital) attended th	e deceased from	August 18.	19	70 to Octo	ber 16) 1	9 70
	e) lost saw the decease			19.70		in (May) (our) opir			
and hour a	and from the causes stat					in (MAC) (cor) opti	itoli deoti	dccotted o	n the date
· 9ma	somerite M	neu	After Phys.	nding Med	Stor Sto	off A	23B. DATE		
23C. PHYSIC NAME	CIAN'S (Type)		2	3D. ADDRESS		Slvd Balto.	pre (III)	-17-70 21218	
M 24A. BURIAL C REMOVAI	arguerite Moral REMATION, 248, DATE LISpecify)		DEGREE ME of CEMETERY OF CRE		24D. LOCA		y, town, or		(Stote)
Buri		/70 Ra	lto. Nat. C	emeter	Rel	timore, h	lan1 -	h.co	
	'D BY HEALTH DEPT.	258 NAME O		25C. FUNERAL		ormore, I	Maryla	ADDRESS	

T GWYNN

4517

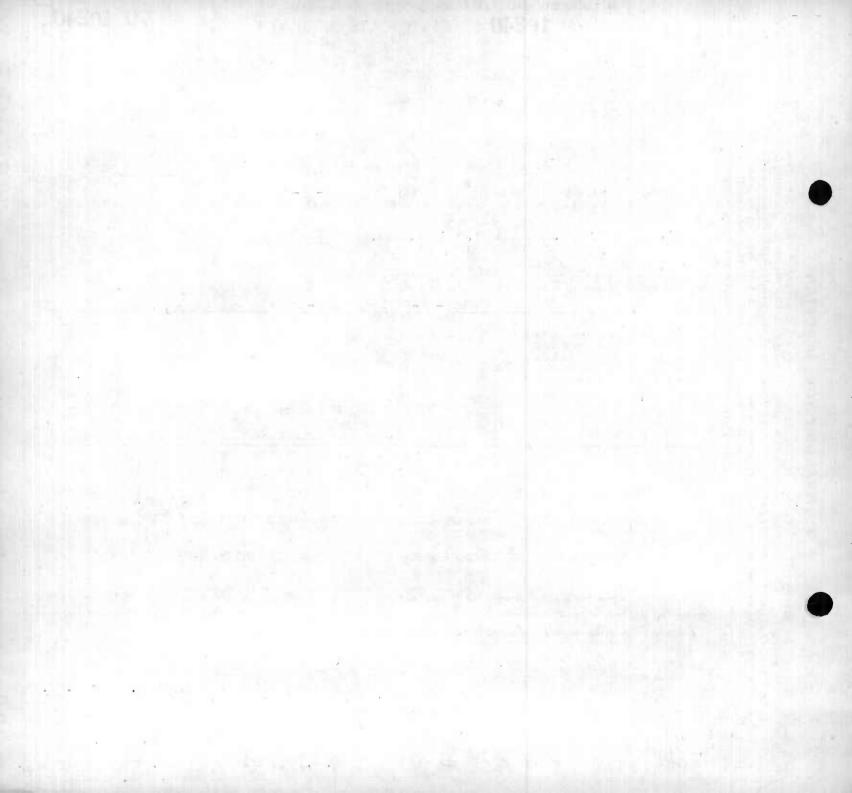
M.

COUNTRYZ

Park Heights Ave.

e de la maria della maria dell

VS 150-REV. 1/1/68

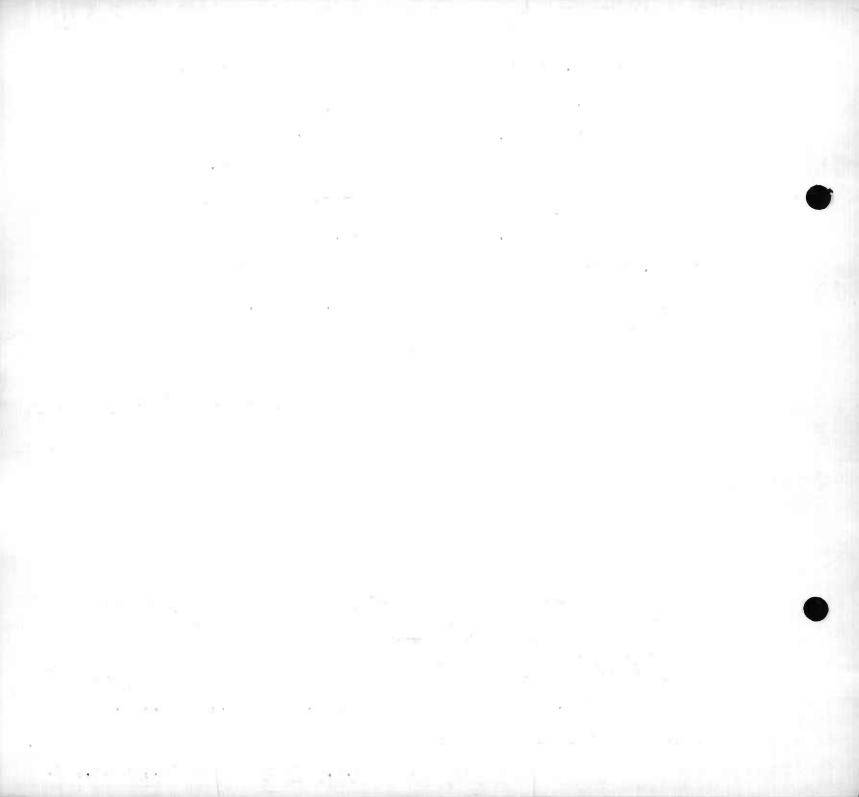


a hospital and

1	-316	70 1	11641	Y HEALTH DEPARTMENT	REG. NO	70 10241
1, N	TH NO. JAME OF DECEAS pe ar Print) He	arry W. R		2. DATE AN	ND HOUR OF DEATH	F1/0 A
3, 1			HERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhe	. 18, 1970	stitution residence before ed-incide
FU	LL NAME OF		AL OR INSTITUTION, GIVE STREET	Md . C. CITY OR TOWN	ITY	DE CITY LIMITS?
10	Long Gr	reen Nurs	ing Home	Baltimore E. STREET AND NUMBER 350 Padding	ton Road	YES NO .
5. \$	M	ACE W	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5-27-84	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hr. Manths Days Haurs Min.
done	Ret. But	ng life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	Baltimore, M	aryland	USA
	Willian		tberg	14. Mother's Maiden NAM	Lang	
5. V Yes	Nas Deceased Ever ,na or unknawn) (If)	in U. S. Armed Far- res, give war at date	ces? 1 6. SOCIAL s of service) SECURITY NO.	17. INFORM ANT		ADDRESS
	no 18.		216-01-4094 CAUSE OF DEAT	Mr. James C	. Lincoln	Same
ATION	heard laiture, asth injury ar complicate ANTI DISEASES OR Country is a last of the all UNDERLYING COUNTRY SIGNIFICANTO THE DEATH BUDISEASE OR COND	II IT CONDITIONS CONTINUES TO THE TOTAL TO T	the disease, death.) any, giving slaling the (C). OTRIBUTING IT TERMINAL [7 1 (A).	A CONSEQUENCE OF A A CONSEQUENCE OF E	Läelure	2 yrs.
E	0	WAS PERF		20A. AUTOPSY? (Yes or No.	208. IF YES, WERE F	NDINGS CONSIDERED SES OF DEATH?
CAL	DEATH (natify med	AS UNDERLYING DE CAUSE OF cal examined	218 PLACE OF INJURY (e.g., hame, farm, factory, street, o	n of about 21C WHERE DID	(II tn Baltimare	City, give exact location)
3 6	21D-TIME (Ma OF INJURY (APPROX.)	nth) (Day) (Year)	(Hour) 21E INJURY OCCURRED While At	21F. HOW DID INJU	JRY OCCUR?	
- 1		(I) (this hospital)	d attended the deceased from	7 -		an death accurred an the date
-	ond hour ond from	m the causes state	ed obove. (1) (We) (did) (did not) v	•		
	23A/SIGNATURE	ph E.	- GLONLE	nding Med. Director Director D	Staff Phys.	23B. DATE SIGNED
	BURIAL CREMATI	seph Muse	(/	Soly W. Bolver	CATION (City	ey, Bacto 12
THE R. P. LEWIS CO., LANSING, MICH.	REMOVAL (Specif	y)				, tawn, or countyl (State)
	otombment OCT 19 19	EALTH DEPT.	70 Lorraine Pk.	25C. FUNERAL DIRECTOR	Sons Co.	ounty, Md. 4905 York Rd.
/S 1	50-REV. 1/1/68			7 6 6 6	imore, Mar	yland 21212



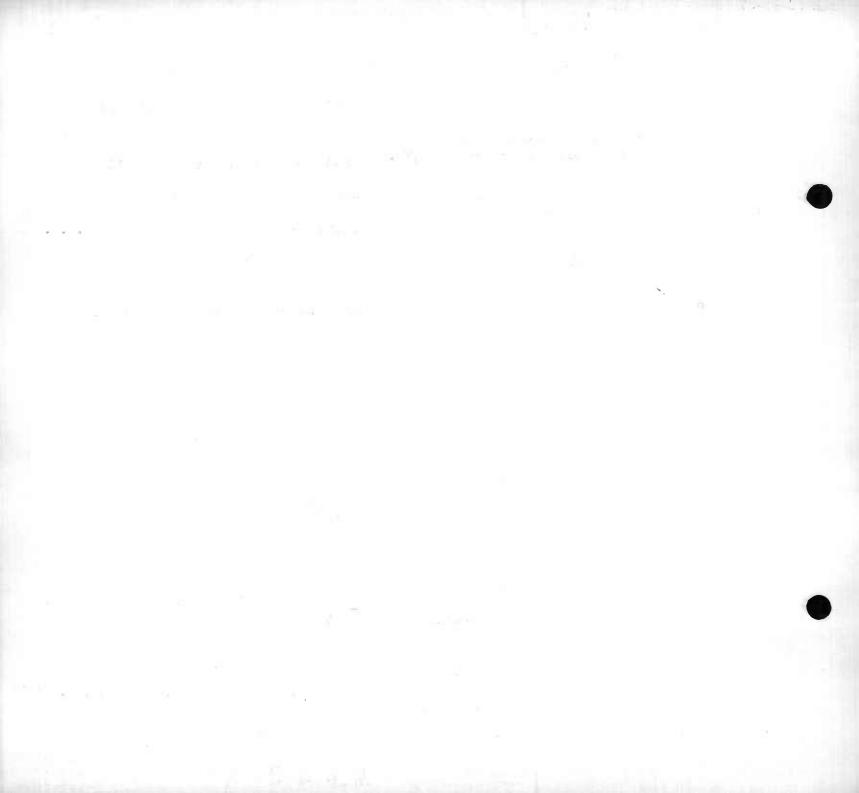
30 G 3 G	U-436 70 10242 CERTIFIC	ATE OF DEATH REG. NO. 70 10242
and eath ased the Such	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
of death Of death Deceased e on the ith. Such	John R. Walters	October 15,1970 8:45 Pm.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
hos use ; (5) dan den	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?
Se ca	3045 Abell Ave.	Balto. YES A NO
ting deat) o	E. STREET AND NUMBER
de de de	00	3045 Abell Ave.
occurred intributi irmined regular ased pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED NOT DIVORCED	idst biringoy) Months: Doys : Hours : Min.
0 0 - 0 -	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	
te - brie	done during most of working life, even if refired! Adjuster-Claims Pa. RR	Md. USA
das das	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
direct or control (4) Under the was in the decontrol disposition	John F. Walters	Margaret Brown
2020	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
find a A print	NO No of unknown) lift yes, give wor of doles of service) SECURITY NO.	Mrs. Aida W. Smith Above
if if it is	18. 4 10 9 1 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
his of of of of of of of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	many throubons. Il
Als Als anth anth	(This does not mean the mode of dying, e.g., (A)IMMEDIATE C.	AUSE S A CONSEQUENCE OF:
er.	heart (ailure, asthenia, etc. II means the disease, injury ar complication which caused death.)	
fra fra emin	ANTECEDENT CAUSES	erios clarotis heartdesse 1020
×an ×an ×an wh wh	The state of the s	AS A CONSEQUENCE OF:
_ 0 C = E u	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
dical rrns; rsicia was main		
edi bur bur hys n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E Y B B B B B B B B B B B B B B B B B B	◀ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	120A. AUTOPSYZ (Yes or Noil 20R. IP YES WERE EINDINGS CONSIDERED
chi Bod Bod the the		NO 206. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by: (2) here No ph befor	OR CONTRIBUTION OF	office bidg., INJURY OCCUR? (II in Boltimore City, give exect location)
atur pt w (6)	21D-TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Wi	21F. HOW DID INJURY OCCUR?
A E 0 P E	(APPROX) Work At Wor	k L
the the lany n (exce and obtain	22. I certify that (I) (this hospital) attended the deceased from	9// 19/20 to 10/15 19/20
= 0.	that (1) (a) last saw the deceased alive an	2/19and that in(my) (and epinian death accurred an the date
dent of death) must be	and haur and from the causes stated above. (1) (#6) (did) (444-44)	
SPOPE	1 4.0	Hending N Med. Shaff 238, DATE SIGNED
E a a co	UECOSE I	Med. Stoff
body was r vs. (1) An a D.O.A. at c assed prior ten approv	NAME (Typel Norman R. Freeman MD	11 W. 29th St., Balto., Md.
A A D D D D D D D D D D D D D D D D D D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	t
D.O.D.O.	Burial 10-19-70 Meadowridge	
This cer the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
This the I show was dece	DCT 19 1970 Obbert & Tarbet Ma 10	O How Jenkins & Sons Co., Balto., Md.



IMPORTAN

DIRECTOR:

FUNERAL



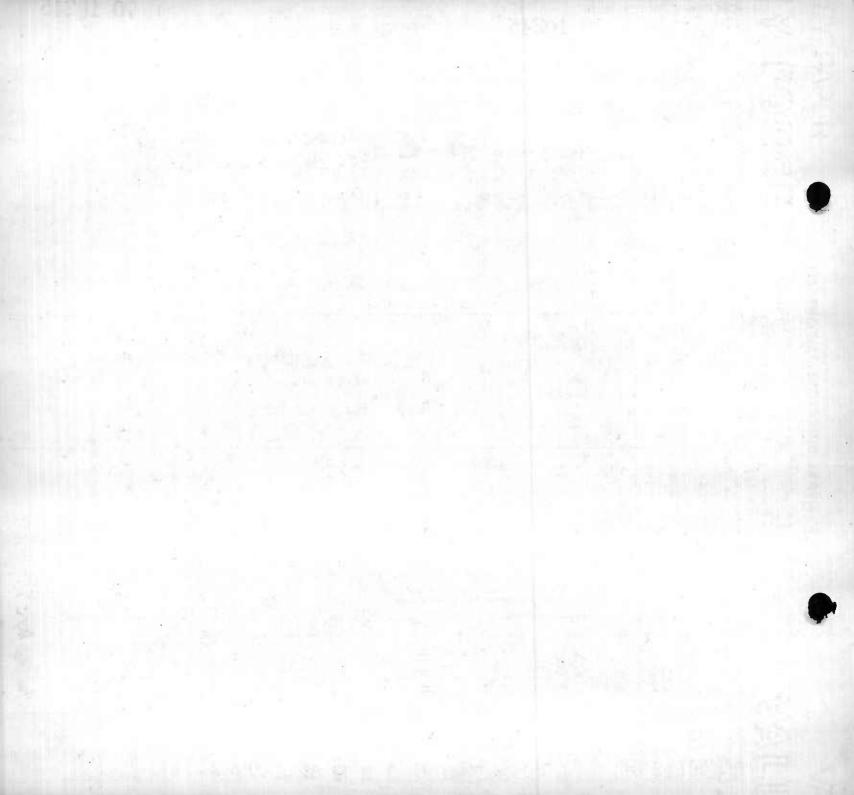
This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-241 70 100	BALTIMORE CITY	HEALTH DEPARTMENT		F10 4 - 0
# 240 70 102.	CERTIFICA	TE OF DEATH	REG. NO	70 10244
Type or Print) ROCKWELL	Moses	2. DATE AN	HOUR OF DEATH	17.10-
3. PLACE IN BALTIMORE, MARYLAND, WHER	PRONOUNCED DEAD	4. USUAL RESIDENCE IWhen	e deceased lived, If in	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Mary Rud.		15-10
0	2 2 2 2 1	P.A.	D. INSI	DE CITY LIMITS?
Olivity Hospilth	of BAITIMA	E. STREET AND NUMBER	saine St	· AVE
M N W	ARRIED NEVER MARRIED O	10/25/23	9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B, one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
Crane orgation		South Co	ndine	U.SA.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Unknown		Unknown		
. Was Deceased Ever in U. S. Armed Forces? es _p no or unknown) (if yes, give wor or doles of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT MES-C	ale Fred	ADDRESS
Yes Oct, 1941-0ct	1945 Linkman	4014 Liberty H	cts. Oliv	BAL.
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not moon the mode of dyin heart failure, astherio, etc. It means the injury or complication which coused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION lost.	g, e.g., diseose, h.) Giseose, h.) Giseose, b.) Giseose, b.)	SE LIVEY (A CONSEQUENCE OF: A CONSEQUENCE OF:	Livre	
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1	MINAL	************************		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WERE FI	INDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or obout 21 C. WHERE DID	(li in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (this hospital) atta		15 120 15) to //	7/2/20 10
that (1) (we) lost saw the deceosed all		19ond tha	t in (aur) apini	ian deoth occurred on the date
and haur and fram the couses stated o	pove. (We) (did) (47) vi			
23A. SIGNATURE PULLE PULLE	Soutil Atten		hoff A	23B, DATE SIGNED
23C. PHYSICIAN'S PUIC - ANT) CH	3D. ADDRESS 6220	Green A	Leoder
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City	, town, or county) A (Stote)
BURIAD 10-14-70 A. DATE REC'D BY HEALTH DEPT. 125B.	Balt-Natil C	ent. B	altimore	md.
T19 1970 PR. 8 E. J. 6	enter on	Sum J- Rector	iners 1	a Ore Balt-Mo

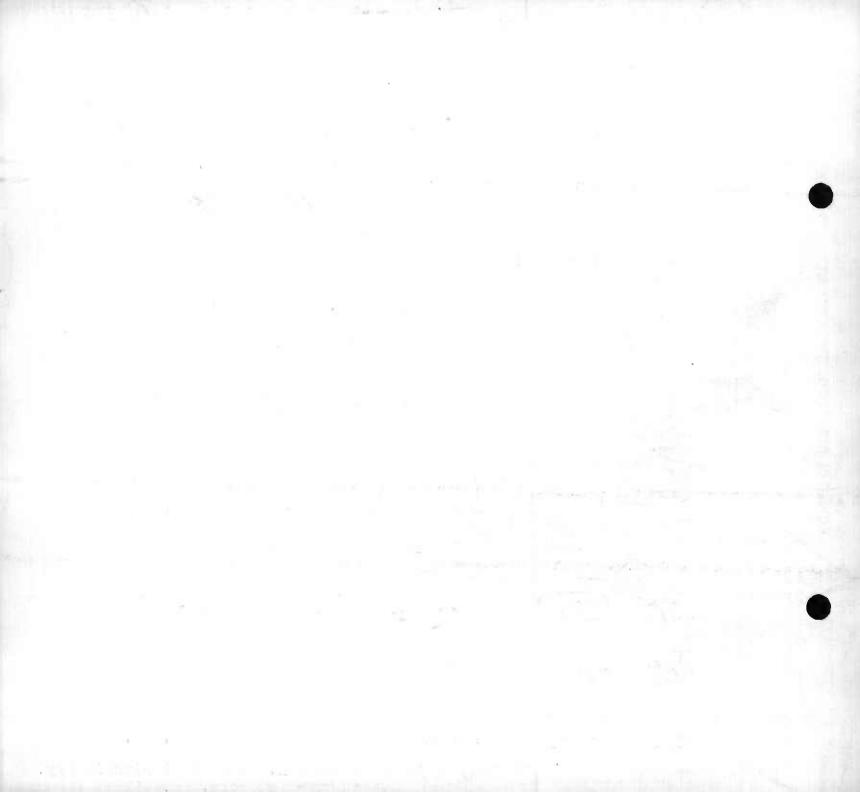


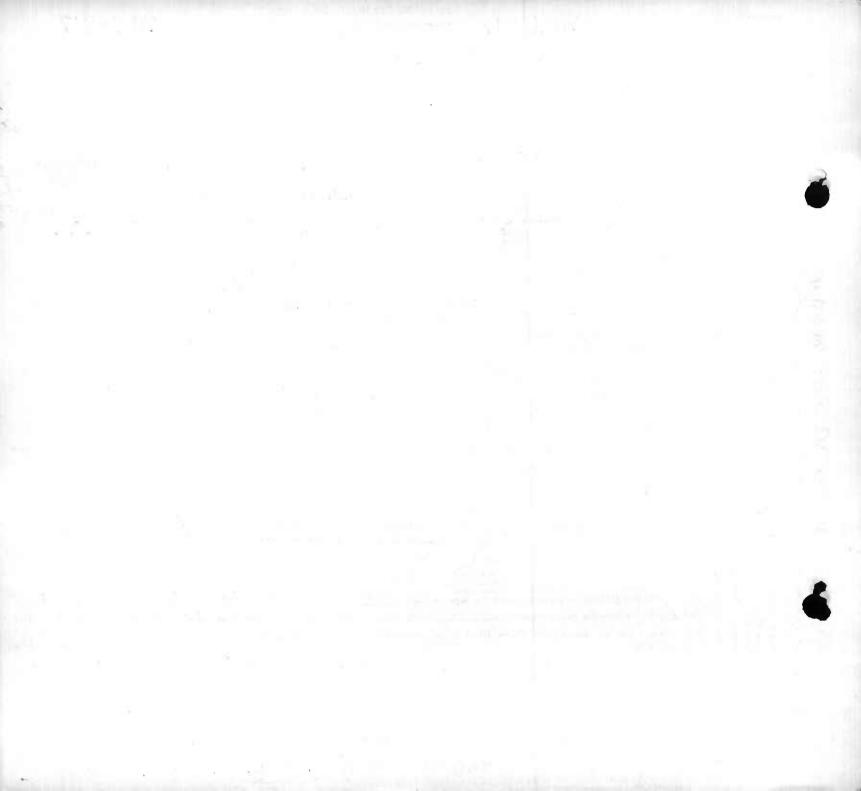
VS 150-REV. 1/1/6B

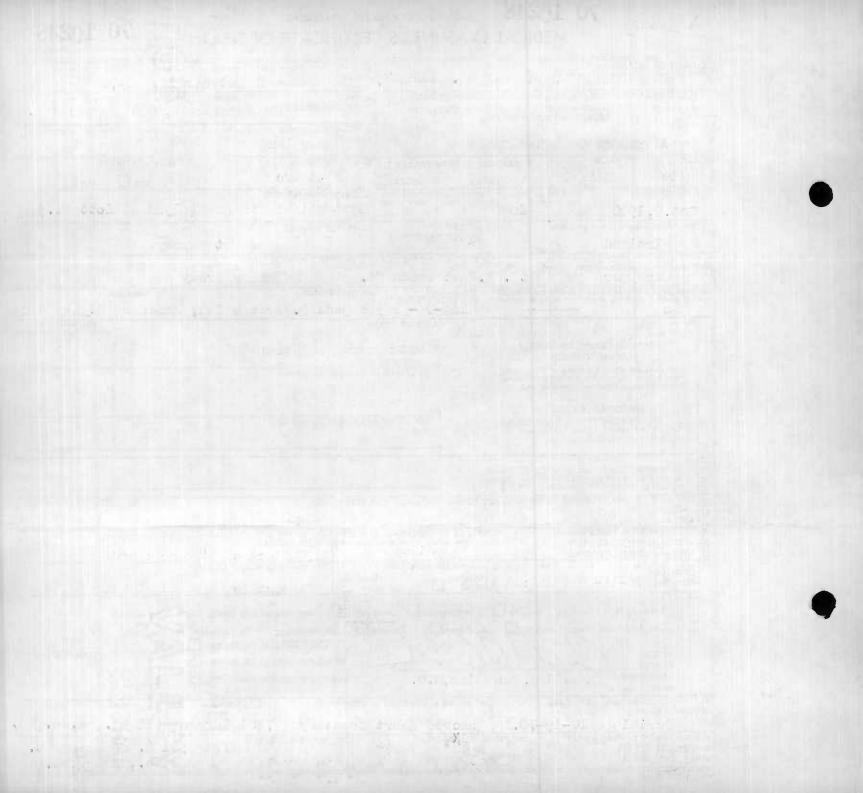
BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO. 70 10246 CERTIFICATE OF DEATH REG. NO	246
Thame of Deceased Type or Print Lynch, Kathryn F. 2. Date and Hour of Death	/_
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived. If institution: residen	1. 45 a M
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION South Battimore General Hospital A. STATE 8. COUNTY Md. Gattimbre Anne Arund C. CITY OR TOWN Baltimore YES M E. STREET AND NUMBER	el 50-0
5300 Ritchie Hgy.	
7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lost birthday) Manths Doys WIDOWED DIVORCED 10/30/93	If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN C Grocery Mary land U.S.	FWHAT COUNTRY?
13. FATHER'S NAME	
Peter W.ojciechowski Catherine Bernadzijzewski	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	RESS
No SECURITY NO. 21.6 46 0546 Mr. John Reckor Same	
18. 1 2 4 1 CAUSE OF DEATH	COXIMATE INTERVAL EN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenic, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONTRIBUTING CAUSES OF DEATH OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION CERTIFYING CAUSES OF DEATH OPERATION 19B. CONDITION TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? (Yos or No.) 208. IF YES, WERE FINDINGS CONSTITUTION OF DEATH	IDERED ?
OR CONTRIBUTING CAUSE OF	lacotion)
DEATH fnofify modical examined total etc. Death fnofify modical examined total etc. Death fnofify modical examined etc. 21D-TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	
and hour and from the causes stoted above. (1) (We) (did) (did nat) view the body after death.	
ABVillagania M.D. Attending Med. Staff 10-1	
23C. PHYSICIAN'S NAME (Type) LILIA B. VILLAFANIAM.D. SBGH	
24A, BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or count	y) (Stote)
Burial 1.0/19/70 Holy Cross Baltimore, Md.	
OCT 19 1370 Real Electrical O Conce 4001 Ritchi	DRESS

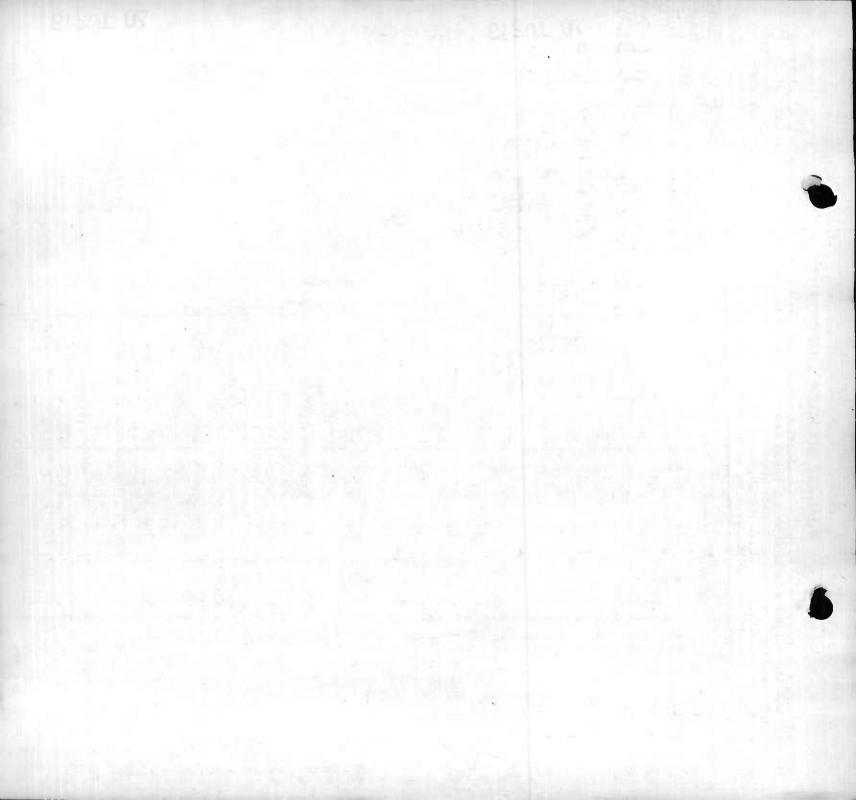






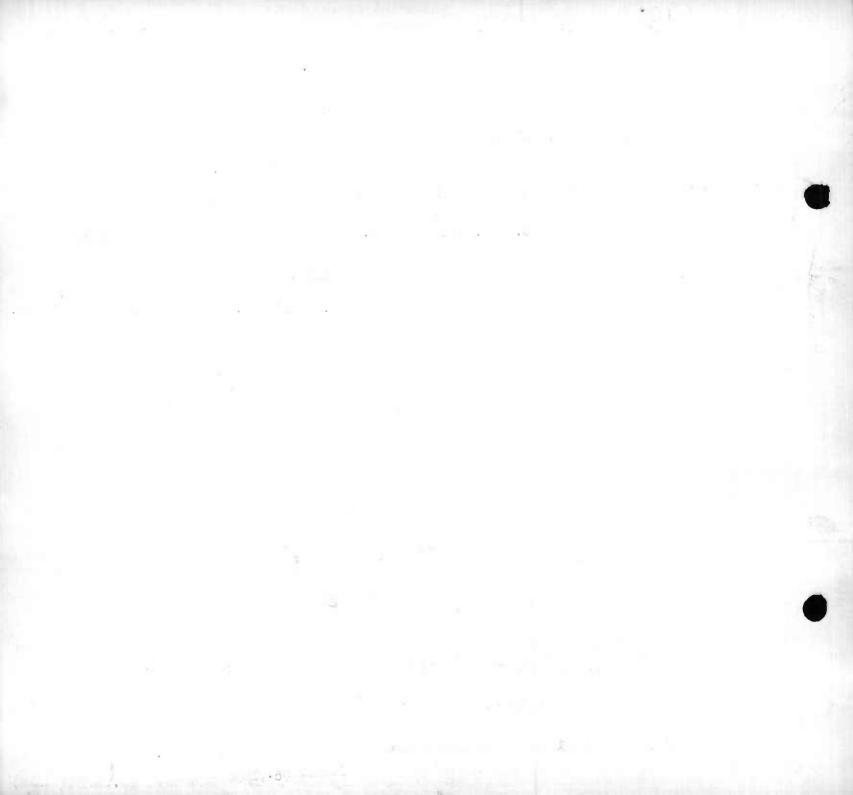
1 1	2-201	rio i			HEALTH DEPARTMENT	nro No	70 10249				
2	-326	70 1	0249	CERTIFICA	TE OF DEATH	REG. NO	0 10043				
	NAME OF DEC	A STATE OF THE PARTY OF THE PAR			2. DATE A	ND HOUR OF DEATH					
S	Type or Print)	Ona St	ninen		0	ct 16_1970	91				
	3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (WI	ere deceased lived. If	institution: residence before adn				
					A. STATE B. COU	INIT	2102				
	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU ATION) -	UTION, GIVE STREET	C. CITY OR TOWN	ID IN	SIDE CITY LIMITS?				
ľ	NOITUTITZNI	University Ho	shital		Baltimore	0.114	YES NO				
	2 ~	7,10	Sp. Cut		E. STREET AND NUMBER		165				
1	38				1221 Carroll	St					
La y	5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under :				
	Fem	White	WIDOWED	T/	Feb 2, 1902	lost birthdoy)	Months Doys Hours				
					11. BIRTHPLACE (State or fo		12, CITIZEN OF WHAT CO				
		working life, even if retired)				reign coonny					
	racion		laitor	ing	Lithuania		Lithuania				
1	13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N.	AME					
ı	=				=						
7	5. Was Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS				
((Yes, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.							
	No	-		214 18 2148	Willia Stain	er 30 Parkin	St				
	1B. 4//	2.31		CAUSE OF DEAT	Н		APPROXIMATE INT				
	DISEA	SE OR CONDITION DI	RECTLY	Cerela	Willia Staigu ul Versent	an Gerry	100 A 156				
		LEADING TO DEATH	1.0	/ A MANAFOLATE C'A!	121	a cour	ceu Th				
	heart foilure,	not meen the mode of osthenio, etc. It meens	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:						
H	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (B) Cateurclewate becard Device 10-y DUE TO, OR AS A CONSEQUENCE OF: (C) Cerebral Abrambour 1945 (C) Cerebral										
		ANTECEDENT CAUSES		(B) Cate	urclewtee	secul &	every 10-4				
		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	Λ ,					
		e obove couse (A) G CONDITION lost.	sloling the	10 Cese	Prul terra	neons r	ult Bru				
	ONDERENING			(0)							
	Z OTHER SIGNII	FICANT CONDITIONS CO	NTRIBUTING	C 0			10				
	TO THE DEAT	TH BUT NOT RELATED TO T	HE TERMINAL	arre	van of +	me	l'orge				
	19A. DATE OF	ONDITION GIVEN IN PARTICIPATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERI	FINDINGS CONSIDERED				
	19A. DATE OF	WAS PER	FORMED			IN CERTIFYING C	AUSES OF DEATH?				
1	21A. ACCIDE	NT WAS UNDERLYING] 21B	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)				
1		TING CAUSE OF medical examined	hom etc.	ne, torm, toctory, street, o	mice blog., INJURY OCCUR?						
	O 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 F	INJURY OCCURRED	21F, HOW DID IF	NJURY OCCUR?					
	S OF INJURY			ile At Not Whi							
	(APPROX.)		Wo	rk At Work		40					
	22 1	that (1) (this haspita	l) attended t	he deceased from	4/)	19 70 to	10/16 19				
any (ex	ZZ. I certify	that (1) (we) last saw the deceased alive on 10/16 19 70 and that in (my) (our) aplain death occurred on the									
		last saw the decease	a office ou"	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	that (i) (we)			(did not)	view the hady after death	1.					
	that (1) (we)	d from the causes sta		l) (We) (did) (did not)	view the bady after death	1.	23 B. DATE SIGNED				
	that (i) (we)	d from the causes sta		0 1 10		Shaff	23B. DATE SIGNED				
	and hour on 23A. STONATU	d from the causes sta		0 14 10	ending Med. Director		23 B. DATE SIGNED				
	and hour on 23A. SPANATU	d from the causes sta URE LUL P. LU		a mo AH	ending Med. Director		10/18/70				
	and hour one	d from the causes sta URE LUL P. LU		a mo AH	ending Med. Director		10/18/70				
	and hour on 23A. SIGNATU 23C. PHYSICIA NAME (1)	d from the causes sta URE LULY P. LUL ANTS Type IN P. U. MATION, 1248, DATE		a mo AH	ending Med. Director D		10/18/70				
	and hour on 23A. SIGNATU 23C. PHYSICIA NAME (1)	d from the causes sta URE LULY P. LUL ANTS Type IN P. U. MATION, 1248, DATE	RLUCIO	DEGREE PHY	ending Med. Director 23D. ADDRESS /227 WC EMATORY 24D.	Shaff Phys.	10/18/70 Em Blug'				
	and hour on 23A. STONATU 23C. PHYSICIA NAME (1) AME (1	d from the causes stated P. L.	RLUCK PLUCK Mos	MO DEGREE AMP DEGREE AMP DEGREE AME of CEMETERY of CR At Holy Redeene	ending Med. Director 23D. ADDRESS 1227 WC EMATORY 24D.	Shaff Phys. LOCATION altimore, Md	10/18/70 City, town, or county)				
	and hour on 23A. SIGNATU 23C. PHYSICIA NAME (1)	d from the causes sta URE LUI P. LUI AN'S (ype) MATION, 24B. DATE 10-21-76 BY HEALTH DEPT.	RLOCA 24C. N. Mos	DEGREE PHY	ending Med. Director 23D. ADDRESS 1227 WC EMATORY 24D. 25C. FUNERAL DIRECTO	Shaff Phys. LOCATION altimore, Md OR	10/18/70 Pen Blud City, town, or county)				
	and hour on 23A. SPANATU 23C. PHYSICIA NAME (TO A BURIAL CRE REMOVAL)	d from the causes sta URE LUI P. LUI AN'S (ype) MATION, 24B. DATE 10-21-76 BY HEALTH DEPT.	RLUCK PLUCK Mos	MO DEGREE AMP DEGREE AMP DEGREE AME of CEMETERY of CR At Holy Redeene	ending Med. Director 23D. ADDRESS 1227 WC EMATORY 24D.	Shaff Phys. LOCATION altimore, Md OR	10/18/70 City, town, or county) ADDRESS				

BALTIMORE CITY HEALTH DEPARTMENT





	1-130	BALTIMORE CITY HEALTH DEPARTMENT	1 -0 -1
-	and sed the uch	70 10251 CERTIFICATE OF DEATH REG. NO. 70	10251
	de de on	1. NAME OF DECEASED (Type of Profit A VITT WILLIAMS A	11.158- M
	2 000	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution; res A. STATE 8. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	28-54
		INSTITUTION BATTO INSIDE CITY LIN	
	ting cause; d cause; r attend prior to	Lutheran Hospital E. STREET AND NUMBER Baltimore, Marylan	
	2000	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) MARKED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (in years last birthday) MONTHS 18. DATE OF BIRTH 18. D	1 Yr. , If Under 24 His.
	contributing contributing letermined can in regular at ecased prior on is made.	11/1/2 1/1/2	Doys Hours Min.
	D - D - D -	RETIRED C. & P. Telephone Co. Maryland USA	
	was was the	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ANT		Oliver Neavitt 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles af service) 16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS to., Md. 21229
RT	first A Print	2/2-03-67// Mrs. William A. Neavitt, 5121 G	
IMPORTAN	s a if	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL
~	Also Jre of Jre of Jre of Jre of Almed	(A) IMMEDIATE CAUSE ROOM of Company of Compa	100 000 000 000 000 000 000 000 000 000
CTOR:	- E 0 3 E	injury or complication which caused death.) ANTECEDENT CAUSES	
ш	Xan Xan Wh Wh	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	
DIR	fical est cal	UNDERLYING CONDITION last, (c).	
AL	f medical medical y burns; (; physician ian was i	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	, 1
UNER	hie od	198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS OF DISTRICT OF THE PROPERTY OF	ONSIDERED
H	ital by e; (2) B here t No phy before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., In or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR?	exoct location)
	hosp natur ept v d (6) ained	DEATH Inofify medical examiner) 21D. TIME (Month) (Doy) (Year) (Haud) 21E. INJURY OCCURRED (Month) (Doy) (Year) (Haud) 21E. INJURY OCCURRED (While At Work) (At Work) (Month) (Doy) (Year) (Haud) (Ha	
	ppro the any (exc obt	22. I certify that (I) (this haspital) attended the deceosed from 19 10 to 10	1920
	the contract of the contract o	that (i) (we) last sow the deceased alive an	occurred on the dote
	eased to ident of haspital or death) must be	23A, SIGNATURE 23B, DATE	SIGNED
	2022	Attending Med. Director Phys. Staff 23C. PHYSICIAN'S 23D. ADDRESS	18.70
		NAME (Type) DR. Y. (SARSUKA) MD LUTHERAN HUSPISAL, BALTO	1,16; MD.
	F# 00 -	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or	county) (State)
	the body the body shows: (1 was D.O. decease written o	Burial 10/22/70 Woodlawn Cemetery Baltimore, Md.	ADDRESS
	されば きゅう	VS 150-REV. 1/1/68 Witzke, Inc., 11630 Edmondson Av	(Catonsville)
		TO THE PRINT IT IT IT	91.41.4



FUNERAL DIRECTOR: IMPORTANT

1 1/24	BALTIMORE CITY	HEALTH DEPARTMENT		110 1-04m
-452 70 1025	CERTIFICA	TE OF DEATH	REG. NO	70 10252
NAME OF DECLASED	Ruth	2. DATE AN	D HOUR OF DEATH	IA
PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il insti	ilution: residence belore admissi
ULL NAME OF (IF NOT IN HOSPITAL OR IN IOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Cory And		2505 ECITY LIMITS?
3 11/11 4 0	11	E STREET AND NUMBER	2	YES 😿 NO 🗌
South Paltimore Gener	al Hosp.	12/3Light	St. Ho	abor View During
Fem. Peshite WIDO	RIED NEVER MARNED DIVORCED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 F Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUN
Retried - Rostend Mases		Pa.		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
E.w. O'Weill	(O'NEAL)	Edith	Balles	
(es,no or unknown) (If yes, give wor or dotes of serv		17. INFORMANT		ADDRESS
No	178-05-8729 CAUSE OF DEAT	MRS J. Shour	unoke 4	115 tar have a
	(C)	A CONSEQUENCE OF: A L M D M 20A. AUTOPSY? (Yes or No	fan chor	NDINGS CONSIDERED
			IN CERTIFYING CAUS	SES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	White At Not Whill Al Work			
22. I certify that (I) (this haspital) attend	led the deceased fram	1	9ta	19
that (I) (we) last saw the deceased alive				
and haur and fram the causes stoted obay			,, (,	
23A. SIGNATURE	(1) (1) (10) (010) (010 1101) (Ten the bady offer acons		238, DATE SIGNED
S. Whose	Dhu	ending Med.	Staff Phys.	18/18/1
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	rilys. — (111
	DEGREE			
4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME OF CEMETERY OF CRI	MATORY 24D. LO	CATION (City,	, town, or county) (State
Buril 10-20-70				A .
	Woodhawn G	metry Ba	Uto. 21200.1	Makeyland
SA. DATE REC'D BY HEALTH DEPT. 258. NA	Woodhawn Co	metry Ba 25C. FUNERAL DIRECTOR	Uto. 212.9, 1	Makeyland ADDRESS
OCT 20 1970		400	10. 212.9, 1	Makeyland ADDRESS muyton are

4/15 Fairhaven AVE.

VS 150-REV. 1/1/68

The state of the s

IMPORTANT

DIRECTOR:

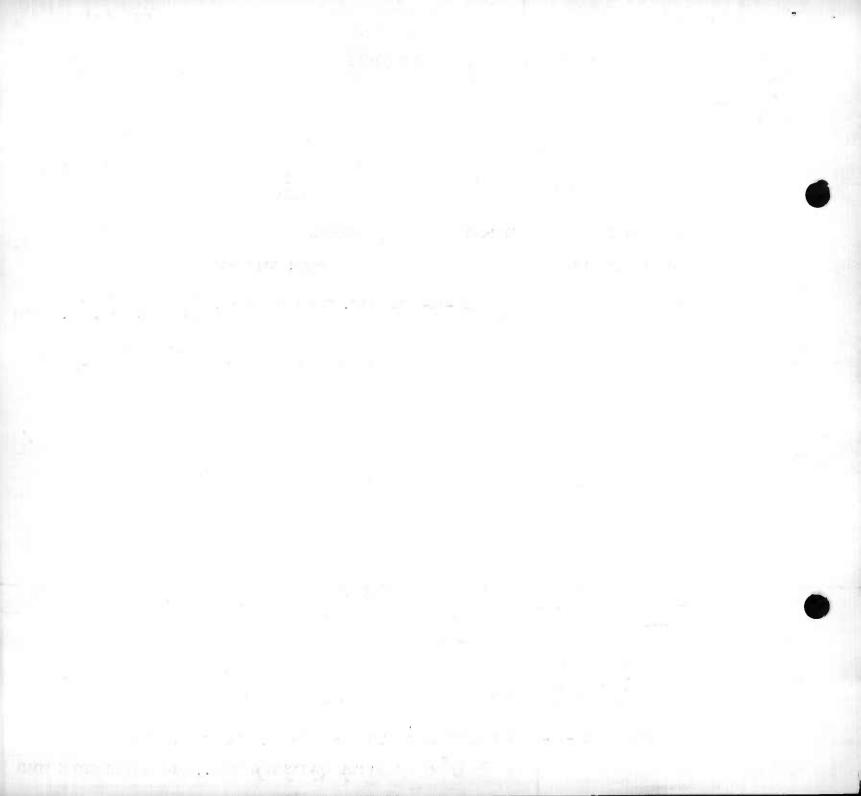
FUNERAL

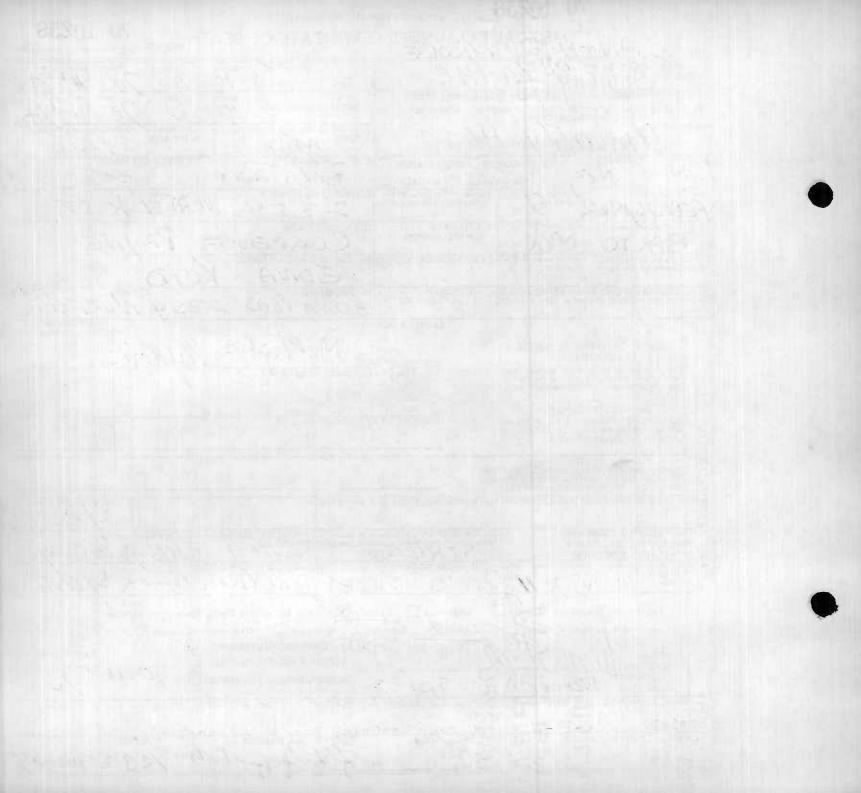
VS 150-REV. 1/1/68

d 05 . THE STATE OF THE S 99 Ka/a/4 T I BUILDING Compain has for the passe in Mond of afairm and ASCED on 2/ 4/701 Borback, A.D. BAKBEDO, M.D. SINAI HOST & BAKE

FUNERAL DIRECTOR: IMPORTANT

12	=-241	BALTIMORE CITY	HEALTH DEPARTMENT	MO 400EE
BIF	TH NO. 70 1025	5 CERTIFICA	TE OF DEATH REG. NO	70 10255
	Pe or Printl	R. GERTRI	1 DE 2. DATE AND HOUR OF DEAT	1/30g.m.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II	institution: residence before admission
H	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		Maryland	27-17 ISIDE CITY LIMITS?
	SINAI HOSZIT	H L OF	Baltimore	YES NO
1.0	BALTITORE		2500 W. Belved	ere Ave
11 6	Eeminine WHITE WIDO	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 1901 9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 His. Menths: Days Hours Min.
10A	. USUAL OCCUPATION (Give kind of work 10 B. KIN e during most of working life, even if refired)		11. BIRTHPLACE (State or loseign country)	12. CITIZEN OF WHAT COUNTRY?
Juan		HOME	RUSSIA	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	ISAAC VOLDMAN		PEARL SILVERMAN	
15. (Te	Wes Deceased Ever in U. S. Armed Farces? s,no or unknown) (If yes, give war ar dates of serv NO	16. SOCIAL SECURITY NO. 220-48-0772	MIDS DEADL DEVIDENT	08 LAURIE DRIVE
-	18. // / / / / / 1	CAUSE OF DEAT	SILV	ER SPRING, MD. 20904
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		PULHOMRRY OF DE	BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	- 114 1 Nour
	ANTECEDENT CAUSES	774	O CARDIAL INFARC	TIOM
	DISEASES OR CONDITIONS, if any, gi	ving (8) DUE TO, OR AS	A CONSEQUENCE OF:	
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)		
NO.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG FO LOS	tie cerebro-vascular olisea	10-
AT	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).	**************************************		***************************************
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPST? (Tes of No.) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
EDICAL C	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, at etc.)	n ar obout 21C, WHERE DID (II In Baltiminice bldg., INJURY OCCUR?	are City, give exact lacation)
MEDI	21D.TIME (Manth) (Day) (Teoi) (Hauth OF INJURT (APPROX.)	21E INJURY OCCURRED While At Nat While Wark Nat Wark	21F. HOW DID INJURY OCCUR?	
	22. 1 certify that (I) (this haspital) attend		9/17 1970 to /	1 / 14 10 10
	that (1) (we) last saw the deceased alive	an 10 / 14	19 70 and that In (my) (our) ap	pinian death accurred an the date
	and haur and from the causes stated above 23A. SIGNATURE	e. (1) (We) (did) (did nat) v	lew the body after death.	
	LEVEDUE H	DEGREE Phys		10/14/70
	23 C. PHYSICIAN'S NAME (Type) dve) u	<u>e</u> .	Sivai 708p. of	30 timore.
24/	REMOVAL (Specily)	C.NAME OF CEMETERT OF CRE	MATORY 24D. LOCATION (C EL ANSHE SFARD, BALTIMORE,	City, tawn, or county) (State) MARY LAND
25A	DATE REC'D BT HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR SQL LEVINSON & BROS., 601	ADDRESS
	A said A A A A A A A A A A A A A A A A A A A	75. 10.50	7 64 9 7	





NOT WHILE

AutopsyXX

Suicide

24C. NAME of CEMETERY or CREMATORY

a pipe.

CHIEF MEDICAL EXAMINER

24D, LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Isaiah TOS

Homicide 1

a fight and was struck on the head with

(City, town, or county)

ADDRESS

DATE SIGNED

(Stote)

10/13/70

and that on this basis, death in my opinion

L.Brown & Son

Wi Montgomery Street

Undetermined manner

Baltimore City

(Doy)

I certify that I held on Inquiry

248. DATE

10-16-70

resulted from: Natural causes

10.

OF INJURY

(APPROX.)

ACTUAL

REMOVAL (Specify) Burial

VS 151-REV. 1/1/68

SIGN ATURE

EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION.

254 PATE REC'D BY HEALTH DEPT.

23.

(Year)

70

10:40 WHILE AT

Chief Deputy Medical Examiner

258. NAME OF REGISTRAR

Werner U. Spitz, M.D.

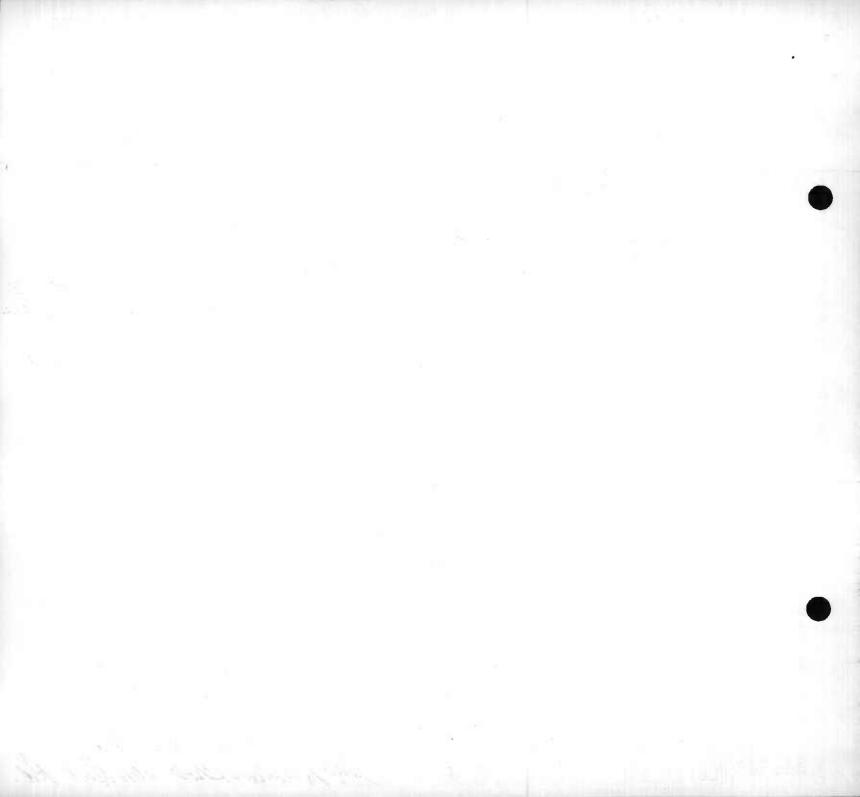
Inspection __

Mount Auburn

Accident

517 S. Shay St

E. STREET AND NUMBER GG 18 Noncent Lone # S. SEX G. RACE Mile To MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED Noncent Nonc	258 25
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN FULL NAME OF ADDRESS OR LOCATION) BALTIMORE APPROXIMATION OF BUSINESS OR INDUSTRY FULL NAME OF ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES FULL NAME OF ACE (In years loss birthday) WIDOWED DIVORCED 9-25 - 6 loss birthday WIDOWED DIVORCED 9-25 - 6 loss birthday 12. CITIZEN OF	8-31
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: tesidence B. COUNTY A. STATE B. COUNTY MACRIED NEVER MARRIED 6. RACE (In years 1 1 1 1 1 1 1 1 1	8-31
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Baldman C. CITY OR TOWN D. INSIDE CITY LIMITS? YES C. CITY OR TOWN E. STREET AND NUMBER C. CITY OR TOWN F. STREET AND NUMBER F. STREET AND NUMBER C. CITY OR TOWN F. STREET AND NUMBER F. STREET AND NUMBER C. CITY OR TOWN F. STREET AND NUMBER F. STREET A	8-31
HOSPITAL OR ADDRESS OR LOCATION) Baldman C. CITY OR TOWN D. INSIDE CITY LIMITS? YES E. STREET AND NUMBER C. CITY OR TOWN D. INSIDE CITY LIMITS? YES E. STREET AND NUMBER F. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED P-25 - Constitution of Shirthdoy Manths; Days 10A. USUAL OCCUPATION (Give kind al wark 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	8-3/ NO□
Baldman, Test of Baldman C. CITY OR TOWN Baldman Test of Baldman Test of Test Limits? Baldman Test of Test Limits? WES VES VES VES VES VES VES VES VES VES V	NO [
E. STREET AND NUMBER GG 18 Noncent Lone # S. SEX O. RACE MIDOWED NEVER MARRIED 8. DATE OF BIRTH O. AGE (in years lost birthday) WIDOWED DIVORCED 2-25-85 birthday WIDOWED DIVORCED 12-25-85 birthday WIDOWED DIVORCED 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	NO 🗌
S. SEX 6. RACE 1. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) 1. Manths Days	1
MARKED NEVER MARKED No. Date of sixth No. Age th years lost birthday. No. USUAL OCCUPATION (Give kind at wark 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	15
10A. USUAL OCCUPATION (Give kind at wark 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	If Under 24 Hrs. Hours Min.
Tailor shop Lowton as	WHAT COUNTRY
30 FAIRERS NAME	A.
J. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 10. MOCKET - 2	
5. Was Deceased Ever In U. S. Armed Forces? I 6. SOCIAL 17. INFORMANT ADDRE	est of a
res, no ar unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	cert Lo
18. 441, 21 CAUSE OF DEATH	INTERVAL
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) IMMEDIATE CAUSE Flower terrel failly	days.
hearl failure, asthenia, etc. il means the disease.	
injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above couse (A) stoling the UNDERLYING CONDITION tast.	
UNDERLING CONDITION (asi. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION [204 AUTOPSY? (Yes at No.)] 208, IF YES, WERE FINDINGS CONSIL	DERED
1 CO-14-70 WAS PERFORMED Fair	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examined) (If in Boltimore City, give exact is placed)	acation)
21D.TIME (Manth) (Day) (Year) (Hand 21E IN ILLEY OCCURRED 21E HOW OLD IN ILLEY OCCURRED	
WORK C AT WORK C	
22. I certify that (i) (this hospital) attended the deceased from 10-13-8 19 70 to 10-17	19.70
that (i) (we) lost saw the deceased alive an	rred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	
23A. SIGNATURE 23B. DATE SIGNE	D
Simuland Attending Med. Stoff 10-17	-717
23 C. PHYSICIAN'S AME (Trad) 23 D. ADDRESS	1
	-
4A. BURIAL CREMATION, 1248. DATE 124C. NAME OF CREMETERY OF CREMATORY 124D LOCATION (City In the control of Co	(Stote)
SAKOA BENCHASIL. DEGREE STOTA I Way of Balborour	(Stote)
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. lown, or country) DUNIAL (Specify) 10/18/76 BUTTON SCHOOL (Mar. or country) MINISTRUMENTAL (Mar. of CEMETERY OF CREMATORY) MAR. BURIAL CREMATION, 24B. DATE 10/18/76 10	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. lown, or country) DUNIAL (Specify) 10/18/76 BUTTON SCHOOL (Mar. or country) MINISTRUMENTAL (Mar. of CEMETERY OF CREMATORY) MAR. BURIAL CREMATION, 24B. DATE 10/18/76 10	(Stote)



1 10	0 70 102	z a	BALTIMORE CITY	HEALTH DEPARTMENT		lm e &
) 10 Tile	UU	CERTIFICA	TE OF DEATH	REG. NO	70 10259
NAME OF DEC	EASED			2. DATE	AND HOUR OF DEATH	1
Type or Print)	ANN GLAI	DYS LEVY		осто	BER 16, 1970	3 A.M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD		here deceased lived. If	institution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITUTI	ON, GIVE STREET	MARYLAND	In the	27-88
INSTITUTION				BALTIMORE	D. IN:	SIDE CITY LIMITS?
5424 NA	ARCISSUS AVENU	1F		E. STREET AND NUMBER		TES NO
3424 M	INCIDUOUS AVEN			5424 NARCIS	SUS AVENUE	
- SEX	6. RACE	7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
FEMALE	WHITE	WIDOWED	DIVORCED	2-5-1901	last birthday	Months Days Hours Min.
OA, USUAL OCC	UPATION (Give kind of work	10B, KIND OF BI	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign country)	12. CITIZEN OF WHAT COUNTRY
HOUSEWI		AT HOM	E	BALTIMORE,		USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
JENN JE	ESSIE HALL			MINNIE	?	
	Ever in U. S. Armed For		SECURITY NO.	17. INFORMANT		ADDRESS
NO	war ar dole	o di acivice/	JECORITI NO.	MR. LOUIS LEVY	5424 NARCT	SSUS AVE. #21215
1B. //	7 / 1		CAUSE OF DEAT		, 0.1., 11111101	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		~ ^	λ ,	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	ise tulmon	any lateino	ma 6 months
	not mean the mode of asthenio, etc. It means			A CONSEQUENCE OF:		
	nplication which caused					
	ANTECEDENT CAUSES		4-2			
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	e abave cause (A) G CONDITION last.	slaling lhe	(-)			
UNDERETTIN	G CONDITION 1881,		(C)			
Z OTHER SIGNII	II FICANT CONDITIONS CO	NTPIRITING	.	1-0 (:0	0	
TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINAL	Myoc	andial fails		
		DITION FOR WH		20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	WAS PER	FORMED			IN CERTIFYING C.	AUSES OF DEATH?
U 21 A. ACCIDE	NT WAS UNDERLYING	21 B. PL	ACE OF INJURY (e.g.,	in ar about 21C. WHERE DID	(If in Baltime	are City, give exact location)
	UTING CAUSE OF medical examiner)	etc.)	form, factory, street, a	ffice bldg., INJURY OCCUR?		
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E. 1N	NJURY OCCURRED	21F. HOW DID I	INJURY OCCUR?	
S OF INJURY		While	At C Nat While	le 🦳		
(APPROX.)		Wark	At Wark			
22. I certify	that (1) (this hospital	1) ottended the	1 1	7eb 5		0/16170 1970
that (1) (we)	lost sow the decease	ed olive on	10/1	5 19 7U ond	that in (my) (our) or	pinion deoth occurred on the dot
ond hour on	d from the couses sto	ted obove. (I) (We) (did) (did not)	view the body ofter deat		
23A. SIGNATU	URE D 1	1.				23 B. DATE SIGNED
	Jay Mai	Lin M	Dhy	ending Med. Director	Staff Phys.	10/16/70
23C. PHYSICIA	ANS		DEGREE Phy	23D. ADDRESS	rnys. —	10/10/10
NAME	Туре)	TNI .			CALVERT STRE	EFT
MA RIIDIAI CRE	LAY MART		DEGREE LE of CEMETERY OF CR			
REMOVAL	Specify)					
BURIAL	10-18-		CHAIM	1	BALTIMORE, MA	
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	SOL SEVINSON		10 REISTERSTOWN ROAL
001201	JIU JUSTES GOVE	Sand Brillian	1	7-2-1100) 4 2, 50.	
VS 150-REV. 1/1/	6B					

For the analysis and

the two states was and in

manufacture . I I I I I I

mideletatio dise, entre questres de

ATTO

1160 JUNE 1 2002

VS 150-REV. 1/1/68

11/4/70 - Correction form from funeral director.

DEVINSON & BROS., 6010 REISTERSTOWN ROAM

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

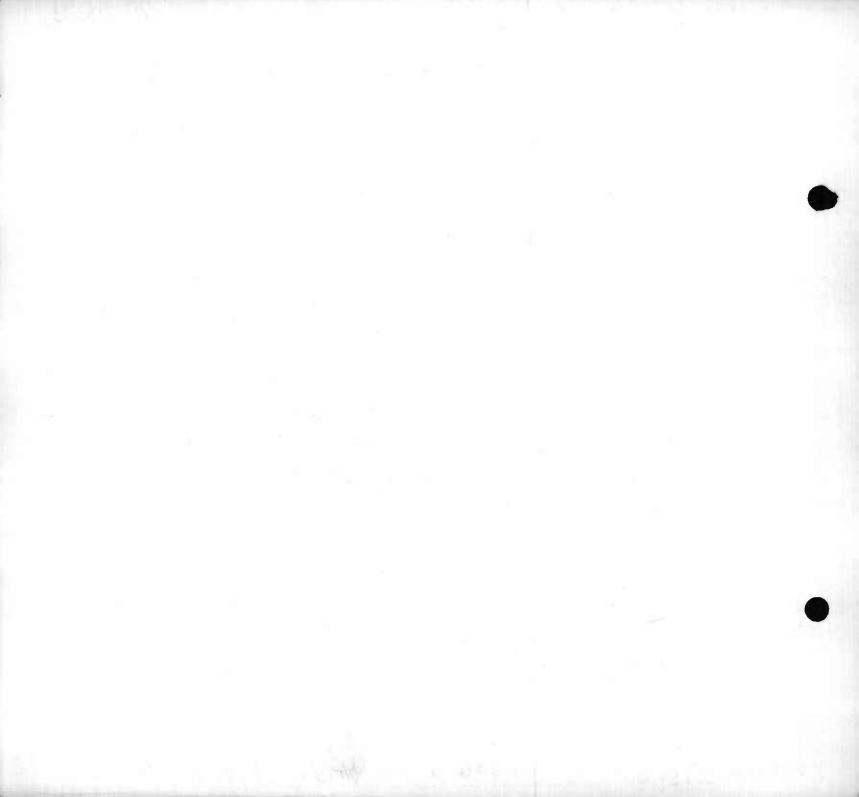
AUTO TO THE THE THE THE THE THE

THE STATE OF THE PARTY OF THE P

IMPORTANT

DIRECTOR:

FUNERAL



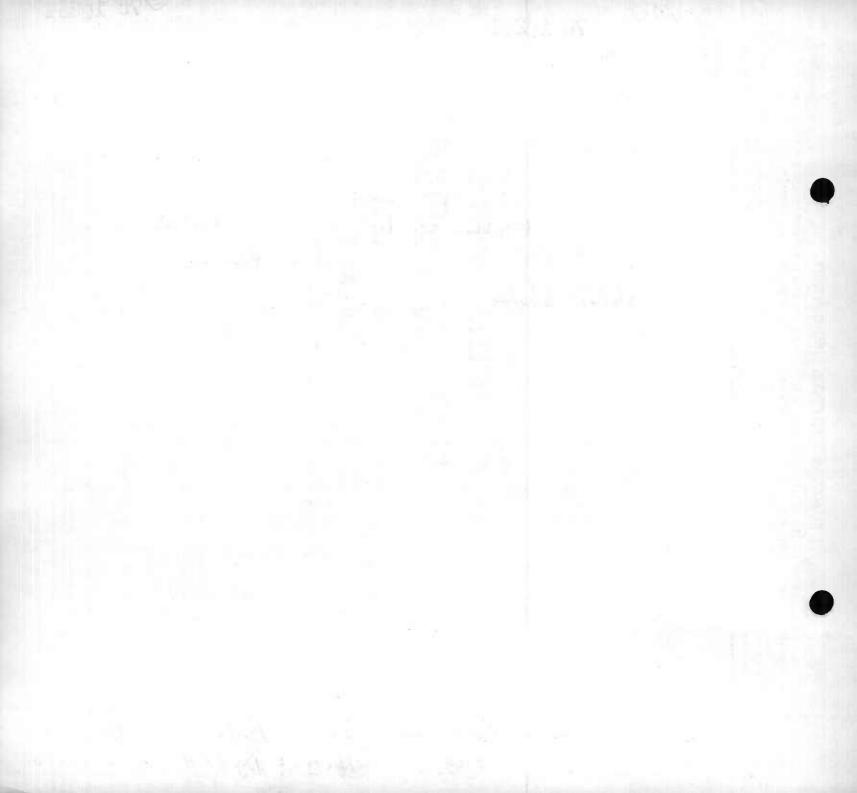
	BALTIMORE CITY HEALTH DEPARTMENT
B	CERTIFICATE OF DEATH REG. NO. 70 10203
	Type or Print) PARNER WILLIAM J. 2. DATE AND HOUR OF DEATH 10/16/70 2.10 pm.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where Deceased lived. If institution: residence before admission) A. STAJE B. COUNTY
F	SULL NAME OF OF ADDRESS OR LOCATION) OSPITAL OR ADDRESS OR LOCATION)
	Lutheron Hosp. of Maryland Balto. YES NO
#	6730, ASHBURTON St. 1115 Poplar Grave
	SEX 6. RACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH 9. AGE (in years last biglidge) Nonths: Days Hours Min. WIDOWED DIVORCED 7. W 0 6
de	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
1;	Letined. Charles D.S.A. Maryland USA.
	George Garner Fannie Garner
15 (Y	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
-	Ves 216-10-3785A MRS. Mary L. Garner 1115 Feplar Grant
	DISEASE OR CONDITION DIRECTLY
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease,
	injury or complication which caused death.)
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
	underlying condition last. (c) Arrest, Renorl for lurl.
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
CATION	
CERTIFIC	
A C	OR CONTERSITING CALISE OF
EDIC	
>	Mhile At Work At Work
	22. I certify that (I) (this hospital) attended the deceased from 10 19 10 to 19 10
	and haur and fram the causes stated above. (I) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	23C. PHYSICIAN'S Director Dire
	720 A HABITON St. 1 10/2/21/21/
24.	REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
25.	A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
VS	OCT 20 1970 Chillens of daysery report of Merton is Dyett F.H. 1701 Laurens St.

THE WATER OF MY 7-64-01 64 hard it and of the state of 10/7 7 TO 1

IMPORTANT

DIRECTOR:

FUNERAL



(N-200) - 225	BALTIMORE CITY	HEALTH DEPARTMENT		70 10265
BIRTH NO. 70 10265	CERTIFICA	TE OF DEATH	REG. NO.	TUSDO
Type or Pant) USE Jahn	W.	2. DATE AND	HOUR DE DEATH	7:40
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	on: residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CI	30-02
		Baltimore	YES	
BON Secours Hospit	4/	2576 W	Baltimos	ee St,
Male Negro WIDOWED	NEVER MARRIED DIVORCED	07/31/22 10	AGE IIn years If L st bithday. Mon	Inder 1 Yr. If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (give kind of work 10B, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	country) 12.	CITIZEN DE WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	IINA (1.0.11.
Wise, Holmes		Mobley Ha	Hie	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ill yes, give wor or doles of service!	16. SOCIAL SECURITY NO.	Informant /	y Short	ADDRESS
18. 431,0 H 250 0	CAUSE OF DEAT	H	Sheel	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	INTRACI	erebiral Hemo	RRAGHE	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dyling, e.g.,	(A) IMMEDIATE CAL	SE A CONSEQUENCE OF:		2 DAYS
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	403			
DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*	
rise to the above cause (A) stating the UNDERLYING CONDITION last,	(c) APTER	IAL HYPERTEN	ISION	YEARS
z	A			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************	TES MELLIT	US	YEARS
19A. DATE OF OPERATION 19A. CONDITION FOR WAS PERFORMED	HICH OPERATION	20A-AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES (IGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY le.g., i., form, fociory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Bolilmore City,	give exact location)
= OF NJURY	INJURY OCCURRED O At	21F. HOW DID INJUS	Y OCCUR?	
22. I certify that (I) (this hospital) attended th	AT WORK	0 - 16 10	70 10 -	18 19 70
that (1) (we) last saw the deceased olive on	10 10	70		leath accurred on the date
and hour and fram the couses stated above. (1)	(We) (did) (did nat) v	iew the bady after death.		
Oscar E. Fernandii	MID. AHO	nding Med. S		DATE SIGNED
	DEGREE Phys	nding Med. St. Director Ph	off lys.	0-18-70
OSCAR E, FERNANDIN		BON SECOURS	HOSP. BALT	10, Md.
	ME of CEMETERY of CRE		1	n, or county) (Stote)
Berial 10-22-20 Bo	I to Matro		1 times	md,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME Q	F. REGISTRAR	25C, FUNERAL DIRECTOR	and X	ADDRESS
OCT 20 1970 Robert E. Jaken	may o	1 4788	Gundalson	an

DIRECTOR:

FUNERAL

L. 199 (b. 740)

DEMENT VEHICLE

14 PU 10 PO 2

DELAWARE

ZIVAC

TSAHD

SALLS BAPT STORE

SEE CO. MCDEK No. MORALD NO.

DH . 0 [182]

-

stant it death occurred in a hospital and ne direct or contributing cause of death lind; (4) Undetermined cause; (5) Deceased leath was in regular attendance on the eccased prior to death. Such nal disposition is made.	BIRTH NO. 1. NAME OF DEI (Type or Print) 3. PLACE IN BA FULL NAME OF HOSPITAL OR INSTITUTION THE BAL 5. SEX MALE 10A. USUAL OCC done during most of 13. FATHER'S NA BENJA 15. Was Decease (Yes, no or unknow
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	OTHER SIGNI TO THE DEA TO THE DE

-	T -	n 50 1	0000	BALTIMORE CIT	Y HEALTH DEPARTMENT		70.1026	7
/	-51	2 70 1	U401	CERTIFICA	TE OF DEATH	REG. NO	.0 1000	
	TH NO.	FACED						
	pe or Print)	Alton	Thom	DSON	2. DATE A	10-18	-70 5.	55 M.M.
3.	PLACE IN BAT	TIMORE, MARYLAND, W	HERE PRONO	NCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU		institution: residence before	odmission)
HC	LL NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
10	A THE	JOHNS HOPKIN	NS HOSE	ITAL	BALTIMORE		YESXX NO	
15	and the second	TIMORE, MD 2			E. STREET AND NUMBER			
-	DAL	TIMORE, MD Z	1205			MAN STREET		
5. 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Un Months Doys Hours	nder 24 Hrs.
	MALE	NEGRO	WIDOWED	DIVORCED [02-12-26	44		
			108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHA	COUNTRY?
don	e during most of	working life, even if retired)			South Carol	Lina	-20	
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA			
	BENJA	MIN Edwards			ADDIE THOME	PSON		
	Was Deceased	Ever in U. S. Armed Force		16. SOCIAL	17. INFORMANT		ADDRESS	
,,,,,	ayno or onknown	, and yes, give wor or dole.	of service,	SECURITY NO.	O Dandanda Ti	1 177		
-	1B. / / V	/ V .		CAUSE OF DEA	2 Benjamin Ed	wards 173	1 E. Presto	INTERVAL
	70	SE OR CONDITION DIR	FCTLV	()		1 1	BETWEEN ONSE	
	DISEA	LEADING TO DEATH	ECILI	CAR	dio Respira.	ORY HER	05/	
		nol mean the made of		(A) IMMEDIATE CA	A CONSEQUENCE OF:	/		
		asthenia, etc. It meons		562.0, 587.0	THE CONTRACTOR OF THE CONTRACT			
		ANTECEDENT CAUSES	dedin.	4.1	Davie			
				(B) /7 /	S A CONSEQUENCE OF:			
		OR CONDITIONS, if a e abave couse (A)		DUE TO, OR	1 1 0	/		
		G CONDITION lost.		(c) B1/9	PERUI DRON	chopnew.	MONIA	
ATION		FICANT CONDITIONS CON						
	DISEASE OR C	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	IE TERMINAL	**************			****	
ERTIFIC	19A. DATE OF	F OPERATION 198. CONT		WHICH OPERATION	20 A. AUTOPSY? (Yes or h	10) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	
CER	21A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INTIDATE A	in or obout 21 C WHERE DID	(If In Dalains	ore City, give exact location	1
CAL	OR CONTRIB	UTING CAUSE OF medical examines	hom etc.	ne, form, foctory, street, i	office bldg., INJURY OCCUR?	(II IN BOTTIME	ore City, give exact location	"
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
Z	(APPROX.)		Wh	ile At Not Whi				
	22. I certify	that (1) (this haspital)				19 70 to	10-18	19 70.
		los Saw the decease		10-18			inion deoth occurred	
	ond hour on	d from the couses state	ed obove.	(We) (did) (did not)	view the body ofter deoth			-
	23A. SIGN AT		. 0		•		238. DATE SIGNED	
		Jan- 1	V	M/ AH	ending Med. Director	Staff	10-18-7	79
	23C. PHYSICIA	AN'S TAU COM	100	PEGREE Ph	23D. ADDRESS	Phys	10/0/	
	NAME (LARRY	KVOL	Ś	Johns	Hapkin	s Hoso.	
244	BURIAL CRE	MATION, 24B. DATE	. 24C. N.	AME of CEMETERY OF CE		LOCATION	City, town, ar county)	(State)
_	Burial	10/20/	70 Mt	Auburn Cer	BE 25C. SUNERAL DIRECTO	lto. Md.		
25 A	CT O 1	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	The state of the s		ADDRESS	
0	VI 20	DIV Vote E.	12 does	May 0 0	Wm C March	928 E.	North Ave.	
VV	150-REV. 1/1/	DA						-

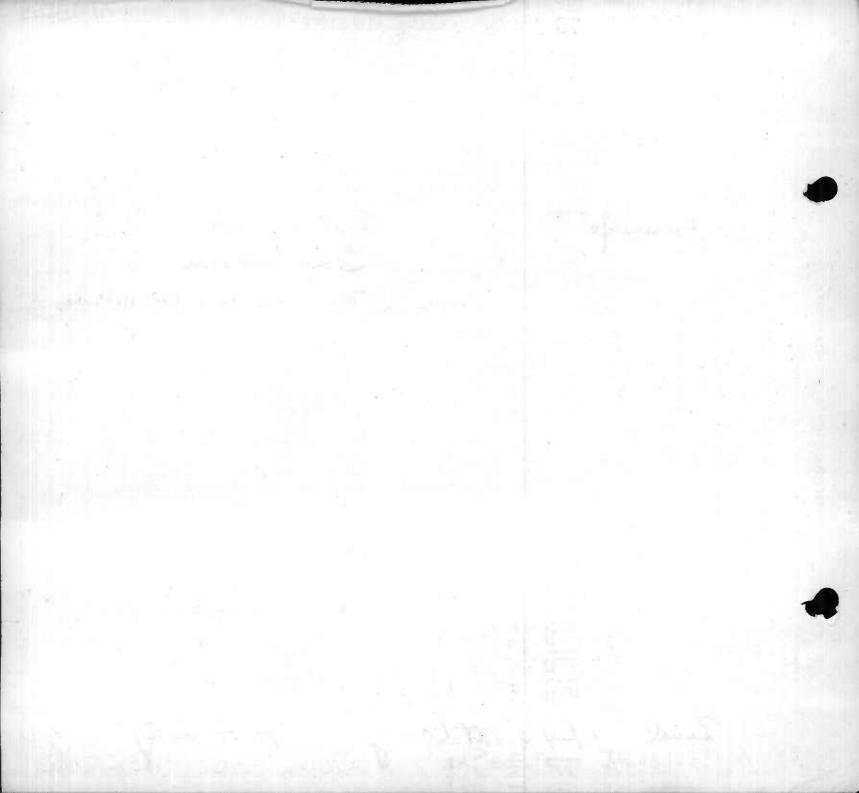
per a la territoria de manda de Charles IIIX

and the state of t

10/20/40 IN Advers Strategy Fit . . ".

Lidenni

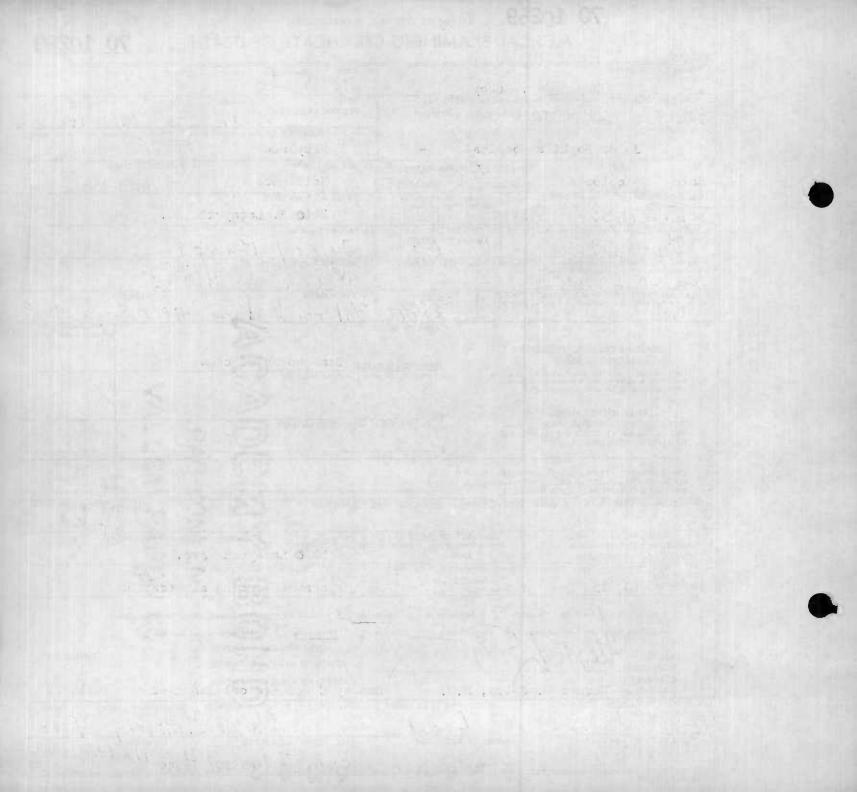
1-162 mg	DALTIMORE CITT	HEALTH DEPARTMENT		70 10268
BIRTH NO. 70 1026	S8 CERTIFICA	TE OF DEATH	REG. NO	Popul or
(Type or Print) BLANCHE JEI	FFRESS	2. DATE AN	111-18-7	0 200
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where		tion: residence befare odmissian)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	BALT I MOR	CITY LIMITS?
33 THE JOHNS HOPKINS	HOPITAL	BALT IMORE E. STREET AND NUMBER 1110 N. LU		NO
5. SEX 6. RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.
EEMALE NECDO	VER XX DIVORCED	8-16-24	ast birthday) M	onths Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINI dane during most of working life, even if retired) 13. FARHER'S NAME	D OF BUSINESS OR INDUSTRY	Boltimol	gn country)	2. CITIZEN OF WHAT COUNTRY
BENJAMINE STOKE	S	Seola Rol	benson	
5. Wos Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (Iff yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	none	Trus. Jean	Rouss 1030	n. Dunham St
heart failure, asthenio, etc. It means the dise injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the above couse (A) stating UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	the (c) the last of the (c) the last of the (c) the last of the la	sef intracra a consequence of: icramal Re	nilpress	una S
198. CONDITION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(tf in Boltimore Ci	ty, give exact location)
21D.TIME (Manth) (Day) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (1) (this haspitol) ottends that (1) (we) last saw the deceosed alive and hour and from the couses stated above 23A. SIGNATURE	an /0-/8 e.(1) (We) (did) (did not) v M, D OEGREE Phys	19 70 ond the liew the body ofter death.	t i (my) (our) opiniar	8 19 70 In death accurred on the dat B. DATE SIGNED $10-18-70$
NAME (Type) ARRAY 24A. BURIAL CREMATION, 24B. DATE REMOVAL Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME 25B.	VOS 7 DEGREE C. NAME OF CEMETERY OF CRE	, 17	Hopkins City. H. Grent	ADDRESS ADDRESS
V 1919 1919	4	Larran (Lincol 116	14 March man



70 10269

BALTIMORE CITY HEALTH DEPARTMENT

	CERTIFICATE OF DEATH REG. NO	70 10269
BIRTH NO.	REG. NO.	10 1,,000
I. NAME OF DECEASED	2. DATE Known Month Doy	Year Hour
(Type or Print) Raymond D. Bagby	OF DEATH Estimoted	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 10 15	70 1:04 p M
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution:	
3 3 Johns Hopkins Hospital	A. STATE Maryland B. COUNTY	6.17
	C. CITY OR TOWN D. INSIDE CIT	V LIMITS?
MARKIED SI NEVER MARKIED		1 FIMILIST
male colored WIDOWED DIVORCED	Baltimore _{YE}	s L NO L
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Virginia (WHAT COUNTRY?	Jerry Bagby	
14A.USUAL OCCUPATION (Give kind of work! 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	TY 15. MOTHER'S MAIDEN NAME	
Drick Layer	119ry W/1114/75	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or anknown)(If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT B	DRESS # A
119. CAUSE OF DE	3 Valeria Dagoy- 2710 L	APPROXIMATE INTERVAL
CAUSE OF DEA	AIH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE	CAUSE Stab wound of chest	
heart tollure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I LINDERLYING CONDITION LAST		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 /		yes
ZZA. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g.	in or about 22C WHERE DID /If in Boltimore City also exac	
UNDERLYING OR CONTRIB- home, form, foctory, street, offi	, in or about 22C. WHERE DID (If In Boltimore City, give exacted bidg., etc.) INJURY OCCUR?	, 10001011
UTING CAUSE OF DEATH. home	2410 Lafayette Ave.	
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED WHILE AT NO	22F. HOW DID INJURY OCCUR?	
(APPROX.) 10 15 70 ? p m. WORK AT	stabbed during altercat	ion
, , ,	utopsy 🔀 and that on this basis, death in my c	ninian
resulted from: Natural causes Accident Suici	de Homicide X Undetermined manner	
ACTUAL ALVANDA 7/9	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.I	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Derner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner	10/16/70
24A_BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		
Temous 10-20-10 LOCAL	Manlotte CT, How	e, VA.
25A. DATE PEC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS
USIZUMI OLE DE Zache MA	Edwirth Funeral Home-	129 N. Care III
VS 151-REV. 1/1/68	Jane 1 18 16 16 16 16 16 16 16 16 16 16 16 16 16	3/



was in regular attendance on the

BALTIMORE CITY HEALTH DEPARTMENT

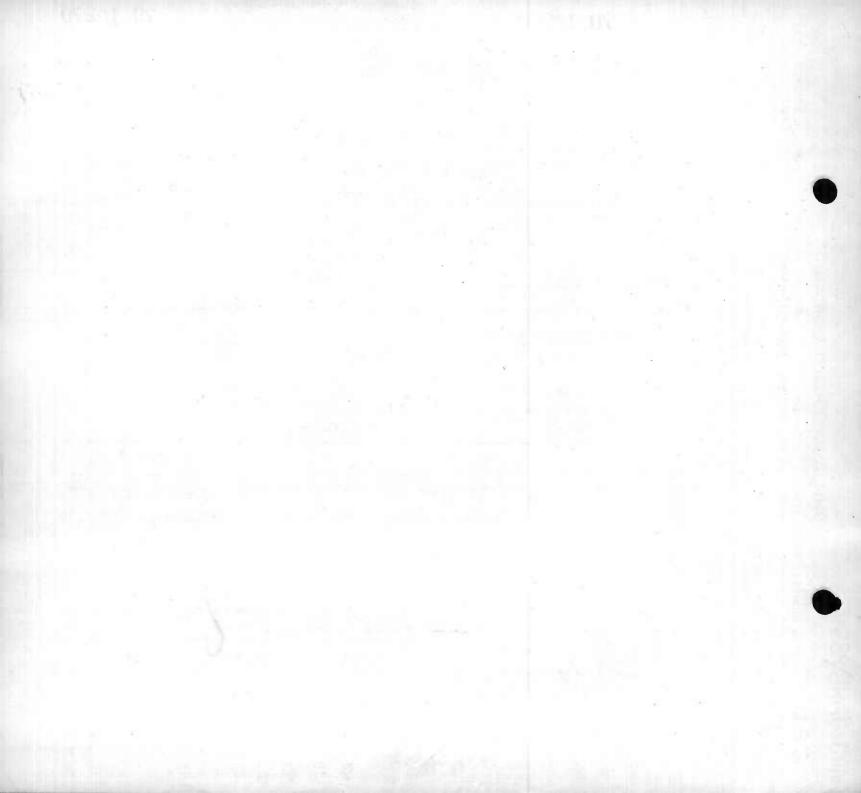
70 40270

1, NAME O (Type or Pri	of DECEASED	US T	000		6/70 6	PM
3. PLACE I	IN BALTIMORE, MARY			4. USUAL RESIDENCE (Where	deceased lived. If ins	litution: residence before admis
FULL NAA HOSPITAL	ME OF (IF NOT II OR ADDRESS	N HOSPITAL OR I	NSTITUTION, GIVE STREET	MARYLAND, C. CITY OR TOWN	BALTIMOI	RE CITY 8 - 1
070	1011 1	North Cent	tral Avenue	E. STREET AND NUMBER	6	YES X NO
		more, mar	y Lanu	1700 East Oliv		
5. SEX	6. RACE	WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	2 7 06	ast birthda	If Under 1 Yr. If Under 24 Months Doys Hours M
	most of working life, even	if retired)	nd of Business or industrated alehem Steel	Y 11. BIRTHPLACE (Stole or foreign Lake Dist., Dor		U.S.A.
13. FATHER	R'S NAME			14. MOTHER'S MAIDEN NAM	A E	
John	Todd			Susie		
John 15. Was De (Yes, no or un) 18. 4	nknown) (If yes, give v	Armed Forces?	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	3-47-48	ADDRESS
110	80 1 1 100			Mrs. Mary Todd	1700 E. 011	ver St. 21213
DISEA	ANTECEDENT	ONS, if ony,	(B) CO K	ONARY ARTERY	DISEASE	
DISEA rise UNDE	ANTECEDENT ASES OR CONDITION to the above control RLYING CONDITION	CAUSES ONS, if ony, use (A) stoting lost.	giving (B) CO L(DUE TO, OR A (C) HL	ONARY ARTERY S A CONSEQUENCE OF: KAYTHMIHS	DISEASE	
DISEA TISE UNDE UNDE TO THE TO THE DISEAS	ANTECEDENT ASES OR CONDITION In the above concertying CONDITION II SIGNIFICANT CONDIT E DEATH BUT NOT REL SE OR CONDITION GIV ATE OF OPERATION	CAUSES ONS, if ony, use (A) stotling I lost. IONS CONTRIBU	giving (B) DUE TO, OR A TING INAL FOR WHICH OPERATION			INDINGS CONSIDERED
DISEATING OR CO.	ANTECEDENT ASES OR CONDITION In the above concertying CONDITION II SIGNIFICANT CONDIT E DEATH BUT NOT REL SE OR CONDITION GIV ATE OF OPERATION	CAUSES ONS, if ony, use (A) stoling I lost. ION5 CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 198. CONDITION WAS PERFORMER ERLYING ERLYING	giving (B) DUE TO, OR A TING INAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g.,	LAYTHMIH S 20 A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED
C CERTIFIC A STORY BASID C A STORY C A ST	ANTECEDENT ASES OR CONDITION In the above concentrying CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION E DEATH BUT NOT RELESE OR CONDITION GIVE ATE OF OPERATION CCIDENT WAS UNDONTRIBUTING CAUS I (notify medical examination) AME (Month) (Do	CAUSES ONS, if ony, use (A) stotling I lost. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 198. CONDITION WAS PERFORMED ERLYING ERLYING ERLYING THE TERM TO	giving (B) DUE TO, OR A the (C)	20A. AUTOPSY? (Yes or No NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	208, IF YES, WERE F IN CERTIFYING CAU (If in Boltimore	INDINGS CONSIDERED USES OF DEATH? City, give exoct location)
WEDICAL CERTIFIC A LIFE CALL ON THE OLD THE OL	ANTECEDENT ASES OR CONDITION In the above control of the condition of th	CAUSES ONS, if ony, use (A) stoling lost. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). IOSE CONDITION WAS PERFORMED ERLYING per (Hour haspital) atter	giving the (B) DUE TO, OR A TING INAL FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21 E. INJURY OCCURRED White At Not Whome At Work Work At Work	20A. AUTOPSY? (Yes or No NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	208, IF YES, WERE FIN CERTIFYING CAU (If in Boltimore	INDINGS CONSIDERED USES OF DEATH? City, give exoct location)
DISEATING TO THE PROPERTY OF IN. (APPRO) DISEAS 19 A. D. 21 A. A. D. 21 A. A. D. C.	ANTECEDENT ASES OR CONDITION In the above control of the condition of th	CAUSES ONS, if ony, use (A) stoling I lost. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 19B. CONDITION WAS PERFORMET RELYING SEE OF ner) y) (Year) (Hour haspital) atter	TING INAL FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED White A1 Not White A1 World Work Not Wor	20A. AUTOPSY? (Yes or No NO NO NIO office bldg., INJURY OCCUR?	208, IF YES, WERE FIN CERTIFYING CAU (If in Boltimore	INDINGS CONSIDERED USES OF DEATH? City, give exoct location) 19 7
DISEATING TO THE PROPERTY OF IN. (APPRO) DISEAS 19 A. D. 21 A. A. D. 21 A. A. D. C.	ANTECEDENT ASES OR CONDITION In the above control ELYING CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION COLDENT WAS UNDO ONTRIBUTING CAUS H (notify medical examination) AME (Month) (Do JURY DX.) Certify that (1) (this I) (we) last sow the	CAUSES ONS, if ony, use (A) stoling I lost. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 19B. CONDITION WAS PERFORMED RELYING	TING INAL FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED White A1 Not Whork At Work and August Ave. (I) (Was (did) (did nat)	20A. AUTOPSY? (Yes or No NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 3 / 20	208, IF YES, WERE FIN CERTIFYING CAU (If in Boltimore	INDINGS CONSIDERED USES OF DEATH? City, give exoct location)
DISEATING TO THE PROPERTY OF IN. (APPROPERTY OF IN.	ANTECEDENT ASES OR CONDITION In the above control of the condition of th	CAUSES ONS, if ony, use (A) stoling I lost. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 19B. CONDITION WAS PERFORMED RELYING	TING INAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED White At Not Whow At Work A	20 A. AUTOPSY? (Yes or No NO in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY 21 F. HOW DID INJURY 19 70 ond the view the body after death. thending Med. Director 23 D. ADDRESS	20B, IF YES, WERE FIN CERTIFYING CAU (If in Boltimore) URY OCCUR?	indings Considered USES OF DEATH? City, give exoct location) 19 74 19 7
DISEATING TO THE TO THE DISEAS TO TO THE TO THE DISEAS TO A. D. C.	ANTECEDENT ASES OR CONDITION In the above control of the condition of th	CAUSES ONS, if ony, use (A) stoling I lost. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 19B. CONDITION WAS PERFORMED RELYING	giving the (B) DUE TO, OR A (C) TING ITING ITING	20 A. AUTOPSY? (Yes or No NO in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY 3 / 20	208, IF YES, WERE FIN CERTIFYING CAU (If in Boltimore URY OCCUR? 9 20 a 00 of in(my) (our) apin Staff Phys.	indings considered uses of death? City, give exoct location 19 70 19 70 19 70 23B. DATE SIGNED 10 12 70 3ACTIMOKE, Way, town, or county) (Ste

1970

VS 150-REV. 1/1/6B

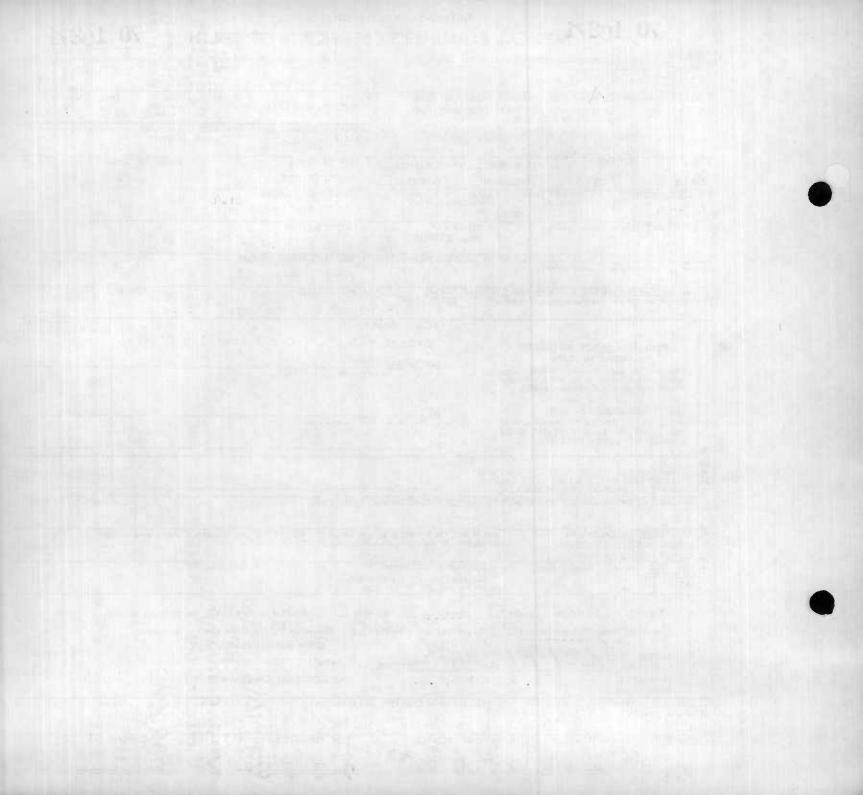
Jones,



BALTIMORE CITY HEALTH DEPARTMENT

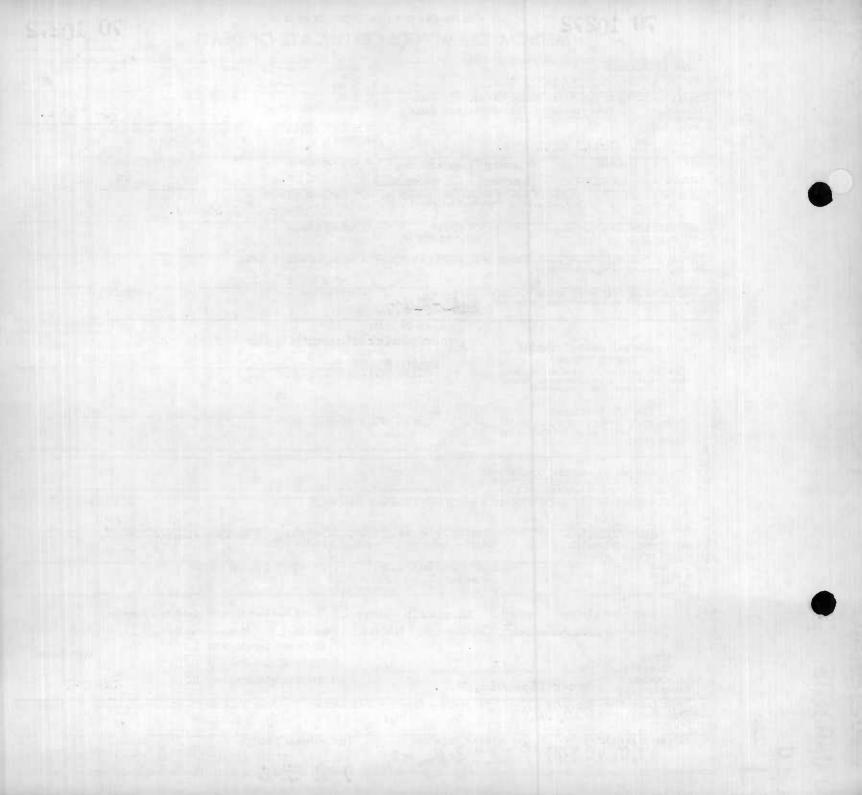
TA	A OPER	DALIMONE CITT	ICALITI PELAKTMENT		
10	MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH REG. NO. 70	1027

BIRTH NO.							REG. NO.			
1. NAME OF DECEASED	MES			2. DATE OF	Kngwn 🔲	Month	Day	Year	Hour	
RICHAR	D PAULEY			DEATH	Estimated L					М.
4. PLACE IN BALTIMOR	- •			3. DATE	DUNCED DEAD	Month	Day		Hour	~
FULL NAME OF (IF NOT IN HOSPIT LDDRESS OR LOCA	AL OR INSTI VIION)	TUTION, GIVE STREET	PROIN	DUNCED DEAD	October	15,19	/0	9:00	P.,
OR INSTITUTION					RESIDENCE (Whe			n: residence be	fore admis	sian)
4012	Maine Str	eet		A. STATE	Maryland		B. COUNTY	15.	10	
6. SEX 7. RA			ED NEVER MARRIED	C. CITY C	RTOWN		D. INSIDE C	ITY LIMITS?		
Male N	egro	WIDOW		il Ba	ltimore			ES N	0 🗆	
9. DATE OF BIRTH			If Under 1 Yr. If Under 24 Hrs	E. STREET	AND NUMBER	0.11		ES LY IA	0	
	l 0. AGE (last birihde	(Y) 56	Months Days Hours Mir		2 Maine S	treet				
5-13-14			2. CITIZEN OF		R'S NAME					
	toreign country;		WHAT COUNTRY?							
Alabama		V 40 W 410	U,S.A.	K1C	hard Paul	У				
dane during masi of working	V (Give kind of work life, even if retired)	148. KIND	OF BUSINESS OR INDUST	KT 13. MOIH	EK'S MAIDEN N	AME				
Laborer				Ber	tha Irvin					
i6. WAS DECEASED EVE	R IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	IB. INFO					1202	
no			424-44-0183	Mrs.	Bernice !	Burns 41	.3 E. La	afayette	a Ave	•
19. // 0 //			CAUSE OF DE	ATH				APPR	OXIMATE IN	ND DEATH
DISEASE OF C	ONDITION DIRE	CTIV	Arteri	osclero	tic Cardi	ovascul	ar Dise	ase		
	IG TO DEATH		(A)IMMEDIATE	CALICE	17.					
(This does not meo	n the made of d	Ing, e.g.,		AS A CONSE	QUENCE OF:					***********
heart lailure, osther Injury or camplication	ia, eic. ii meons m in which coused de	aih.)								
	DENT CAUSES	V CIVING	(B) DUE TO O	RAS A CONS	EQUENCE OF:					
DISEASES OR COL	E CAUSE (A) STA	TING THE	502 10, 0	1 A3 A CON	EQUENCE OIL					
UNDERLYING CO	NDIIION LAST.		(c)							
OTHER SIGNIFICAN TO THE DEATH BUDGEASE OR COND	11							14 - 1		
OTHER SIGNIFICAN	T CONDITIONS C T NOT RELATED TO	ONTRIBUTI	NG NAL							
DISEASE OR COND	MON GIVEN IN F	ART 1 (A)-								
20A. DATE OF OPER	ATION 20B. CO	NDITION F	OR WHICH OPERATION V	VAS PERFOR	MED			21. AUTOP	5Y7 (Yes o	or No)
Name of the last o								no		
ZZA. EXTERNAL CA		2	28. PLACE OF INJURY (e.g.	., In ar obaut	22C. WHERE DIE	(if in Baltimor	City, give ex	act location)		
UNDERLYING OR		l'	ione, tarm, tactory, street, on	ice blog., elc.)	INSURI OCCUR					
≥ 22D. TIME (Month)	(Day) (Yea	r) (Haur	22E.INJURY OCCURRED		22F. HOW DID 1	NJURY OCCU	R?			
OF INJURY (APPROX.)				WORK						
23.			m. WORK AT	WORK						
I certify the	at I held an	Inquiry [Inspection 🗵 A	utopsy 🗌	and that on	this basis,	death in my	opinion		
resulted fro	m: Matural car	ISAS V	Accident Suic	Ide 🔲 1	domicide	Undetermin	ed manner	ri		
10000000	1 1	/	/ /		CHIEF MEDICAL					
ACTUAL /	1/11	1/1/	1.1	AC	SISTANT MEDICA			D	ATE SIGN	NED
SIGNATURE	my	VIICA		.0.				10/16	170	
EXAMINER'S NAME (Type)		N. Kor	nblum,M.D.		OCIATE MEDICA					
24A. BURIAL CREMATION REMOVAL (Specify)	N, 248. DATE		24C. NAME of CEMETER	Y or CREMA		LOCATION		rn, or county)	(Sta	te)
Burial	10-20-	-70	Mt. Auburn	Cemeter	у Ва	1timore	, Maryl	and		
25 A. DATE REC'D BY HE			AME OF REGISTRAR	25C	FUNERAL DIREC	TOR1735	Harford	ADPAGEnue	2121	.3
net	0 0 1070	12.0	as Jaka MD		farshall.W					
201	Co 1310	222		D 0	tet siletti	. Jones	, JI.			
VS 151-REV. 1/1/68				,						1



VS 151-REV. 1/1/68

	70	10272		BALTIMORE CITY HE	ALTH DEP	ARTMENT			170	10000
	10	ME	DICA	L EXAMINER'S	ERTIF	ICATE OF	DEAT	H	70	10272
BIR	TH NO.							REG. NO		
	NAME OF DECI				2. DATE	Known 🗌	Month	Doy	Year	Hour
(1Ab	e or rinny	MILES	BRADFO	ORD	OF DEATH	Estimoted				
4. F	PLACE IN BALT	IMORE, MARYLAND	WHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
	L NAME OF	(IF NOT IN HOS	PITAL OR INS	STITUTION, GIVE STREET	PRON	OUNCED DEAD	10	18	1970	10 a.
OR	SPITAL INSTITUTION	ADDRESS OR LO	CAHON		5. USUAI	RESIDENCE (When	e decensed I	ived. If Institution	n: residence	before admission)
Ľ	212	4 Druid Hil	1 Ave		A. STATE	Md.		B. COUNTY	14	.4.3
6. 5		7. RACE			C CITY	OR TOWN		ID. INSIDE C	TTV HANTS2	700
	male			RIED NEVER MARRIED	C. Ciri	Balto.				
		Negro		WED DIVORCED		The state of the s		1	res 🖺	NO L
9. D	3/7/00	lost birth	(In yeors	Months Days Hours Min.	E. STREE	2124 Druid	Hill	Ave.		
11.	BIRTHPLACE (SI	ote or foreign country)	12. CITIZEN OF	13. FATH	ER'S NAME				
	Virg	inia		UWHAT COUNTRY?	Mil	es Bradf	ord			
14A.	USUAL OCCUP	ATION (Give kind of wo	rk148. KIN	OF BUSINESS OR INDUSTRY						
done	during most of we	orking lile, even if retire	d)		T	ennie Ki	ng			
14	WAS DECEASE	D EVER IN U.S. ARN	ED EODCE	co III SOCIAL			TIE .		DDRESS	
(Yes	uo or nuknowu)	(If yes, give wor or dot	es of service	17. SOCIAL 228-05-8770	I STAFE		. 07			
-1	10					rosa Lan	d, 21	24 Dru		11 Ave
	19.	2.41		CAUSE OF DEA						PPROXIMATE INTERVA VEEN ONSET AND DE
	DISEASE	OR CONDITION DI	RECTLY	Arterioscle	rotic	cardiovaso	cular o	lisease		
	-	EADING TO DEATH		(A)IMMEDIATE C	AUSE					
	(This does no	I mean the mode of osthenia, etc. It means	dying, e.g.,	DUE TO, OR	S A CONS	EQUENCE OF:				
	injury or com	plication which coused	death.)							
		TECEDENT CAUSES	NV CIMINIC	(B) DUE TO, OR	AS A CON	SECUENCE OF				
	RISE TO THE	R CONDITIONS, IF A ABOVE CAUSE (A) S	TATING THE	bor 10, or		sequence or.				
z	UNDERLYIN	G CONDITION LAS	i.	(c)						
CERTIFICATION		11								
≾	OTHER SIGNI	FICANT CONDITIONS	CONTRIBU	TING						
피	DISEASE OR	TH BUT NOT RELATED CONDITION GIVEN IN	PART 1 (A)	AINAL						
7	20A. DATE OF	OPERATION 208. C	ONDITION	FOR WHICH OPERATION W	S PERFO	RMED			21. AUTO	PSY? (Yes or No
ပ	0								no	
A	22A. EXTERN	IAL CAUSE WAS		228. PLACE OF INJURY (e.g.,	In or ohou	122C WHERE DID	(If to Rolling	on City, also as	oct location)	
EDIC	UNDERLYING	OR CONTRIB-		home, farm, factory, street, office	bldg., etc.	INJURY OCCUR?			der rocomony	
2	OF INJURY	Month) (Doy) (Y	ear) (Hou			22F. HOW DID IN	IJURY OCC	UR?		
	(APPROX.)				WHILE ORK	1				
	23.					1				
	l certi	fy that I held on	inquiry	Inspection X Au	topsy 🗌	and that on t	his basis,	death in my	opinion	
	resulte	ed from: Natural c	auses X	Accident Suicid	• 🗆	Homicide	Undeterm	ned manner		
		1	//			CHIEF MEDICAL				
	ACTUAL	VI,	10	DATE.	AC	SISTANT MEDICAL		ī		DATE SIGNED
	SIGNATU		<u> </u>	M.D						
	EXAMINE NAME (T)	Potor	Lipko	vic, M.D.	AS	SOCIATE MEDICAL	EXAMINER	IXI	10-	19-70
244		hel	-	24C. NAME of CEMETERY	or CREMA	TORY 24D	LOCATION	I ICHU MAN	n, or county) (Stote)
RE)	NOVALA (Specify	10/2	22/70	Mt Aubur			Balti		M	(Slote)
					- 011				h.,	
254		Y HEALTH DEPT.	25B, 1	NAME OF REGISTRAR	250	FUNERAL DIRECT			ADDRESS	- 0
		ICT 20 1970	1 Colo	E. Janben KD		A Halste	ead I	SOO W	north	n Ave
4			7			A 648 4				



1027 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 I. NAME OF DECEASED 2. DATE Known X Month Day Year Hour (Type or Print) THEODORE L. SZYMANOWSKI OF Estimated DEATH October 17 1970 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Dov Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION 11:35 Pm. ADDRESS OR LOCATION) October 17. 1970 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Church Home & Hospital (DOA) Maryland | 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED WIDOWED X Male White DIVORCED Baltimore YES X NO 9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. ff Under 24 Hrs. E. STREET AND NUMBER Months, Days, Hours, Min. Aug. 22. 1909 61 1015 S. Robinson Street 21224. 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Balto. Md. Frank Szymanowski 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retired) Stevedore I. L.A. Cecelia Krygier 17. SOCIAL SECURITY NO. 218-10-0922 Densel D. Jackson 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 1103 S. Ellwood Ave. (Yes, no or unknown) (If yes, give war or dates of service) 21224 Wid AND DEATH Balto CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart follure, asthenia, etc. It means the disease, injury ar complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, # ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give exact location) hame, farm, loctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK (APPROX.) AT WORK 23. I certify that I held an Inquiry Inspection ___ Autopsy and that on this basis, death in my opinion resulted from: Natural causes K Acetdent _ Suicide Homicide __ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. October 18, 1970 NAME (Type) 24A, BURIAL CREMATION. 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Slate) REMOVAL (Specify) Burial 10-21070. Oak Lawn Cemetery 7225 Eastern Blvd., Ba, Co., Md. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 901 S. Conkling St. Balto., 21224.Md. VS 151-REV. 1/1/68

, 100

IMPORTANT

DIRECTOR:

FUNERAL

Green 1 1 P. P. L. 1994 and the state of the same should make a combination to the region of t The state of the s

of size si

	an eat eat th th	
	- Poed	
	spi o o o o o o o o o o o o o o o o o o o	
	dar dar	
	L CG L CG T CG	
	ing coin.	
-	but nec	- 1
-	ntri ntri rmi egu	1
	th coefe	1
	or or Jnd is i	
	if ect W W the	-
Z	dig din	
4	siste the kin dec	1
Š	as it is	
2	his so, of or unc ten	
	A e o E	1
FUNERAL DIRECTOR: IMPORTANT	iner ner. pro pro pro ular mbo	1
	fr fr ho eg	ı
VE C	3) A	
	ol ol s; (s; ciar	
7	dic urn ysi	
7	The Land	
Z	chi Bod the ysie	1
7	top	۱
	re; who No	
	atu (6)	ı
	rov xce bra	1
J	and	
	be of the orthograph of the orthograph of the orth	
	der de mu	
	rela a h	
	This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc written approval must be obtained before the remains are embalmed or final disposition is made.	
	A.C.	
	NS: D.G. D.G. Ten	
	he hov	
	-+ N > 0 >	H

	PO 4 00	BALTIMO	RE CITY HEALTH DEP	ARTMENT	MO A COME
BIR	TH NO. 70 1027	75 CERTI	FICATE OF I	DEATH REG. NO.	70 10275
(Ту	PE OF INTERIOR TO DATE	TERSON		2. DATE AND HOUR OF DEA	TH . 9100
	PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RE	SIDENCE (Where deceased lived,	If institutions residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STR	EET A. STATE	B. COUNTY	15-03
LIN	NOITUTION		ILC. CITT OK IC	D. 1	NSIDE CITY LIMITS?
X	uTHERAII HOSP.	ITAT OF MARY	E. STREET AN	D NUMBER	YES NO NO
	41		1627	SMAILWOOD,	5'T
5. S	Tank la 10 a	7- MARRIED NEVER MARR	= 14 0	9. AGE (In years lost birthday)	Months; Doys Hours Min.
	USUAL OCCUPATION GOVE kind of work	WIDOWED DIVORC		76 /4 CE (Stale or foreign country)	12. CITIZEN OF WHAT COUNTRY
don	e during most of working life, Even if retired)		VA		
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME	
	5,211				
15. Yes	Wos Deceosed Ever in U. S. Armed Force, no or unknown) (If yes, give wor or dotes	es? 1 6. SOCIAL SECURITY NO	17. INFORMAN	IT	ADDRESS
_					
	DISEASE OR CONDITION DIRE	CAUSE OF	DEATH	100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(ALIMMED	ATE CAUSE	contrailing	r
	(This does not meon the mode of heart failure, asthenia, etc. It means t	dying, e.g., DUE TO	OR AS A CONSECUENC	E OF:	
	injury or complication which caused a ANTECEDENT CAUSES	deoth.)	1847	0 9 00000	
	DISEASES OR CONDITIONS, if o	ny, giving (B) DUE TO	OR AS A CONSEQUEN	Chi O Cof	<u> </u>
	rise to the above couse (A) UNDERLYING CONDITION last.	stating the		0	
	11	(C)	***********************	PROTECTION OF THE PROTECTION O	
NOL	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE	TRIBUTING			
5	DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. COND	1 (A).	N 20A. AUTOR	PSY? (Yes or No) 20B, IF YES WE	RE FINDINGS CONSIDERED
ERTE	WAS PERFO	DRMED			CAUSES OF DEATH?
2	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nolify medical examiner)	21 B PLACE OF INJUI home, form, foctory, a elc.)	ty (e.g., in or obout 21C. \ treet, office bldg., INJUI	WHERE DID (If In Boltin	mare City, give exoct locotion)
	21D.TIME (Month) (Doy) (Year) OF INJURY			OW DID INJURY OCCUR?	
	(APPROX.)	Work L A	of While		
- 1	22. 1 certify that (1) (this haspital)	4		19 <u>20 to</u>	0 78 1920
- 1	that (I) (we) last sow the deceased				pinion death occurred on the date
	and have and from the causes state	d above. (I) (We) (dld) (did	not) view the body	ofter death.	23B, DATE SIGNED
	M	To lot	Attending	Med. Staff Phys.	10:18-20
	23C. PHYSICIAM'S NAME (Type)	ABURAD M	23D. ADDRESS	Ola Here Des a	MTD-11 MD
24A	BURIAL CREMATION, 248, DATE	24C. NAME of CEMETER	DEGREE L TE	24D. LOCATION	(City, lown, or county) (Stote)
F	REMOVAL (Specify) 10-24.			Ril	1 1m
25A	DATE REC'D BY HEALTH DEPT	MAME OF LUGISTAR A	25C. FUNER	AL-DIRECTOR The	ADDRESS
	OCT 20 1970	coops of Day	TO UCONS	700 Comon	elson and
15 1	150=REV. 1/1/6B				



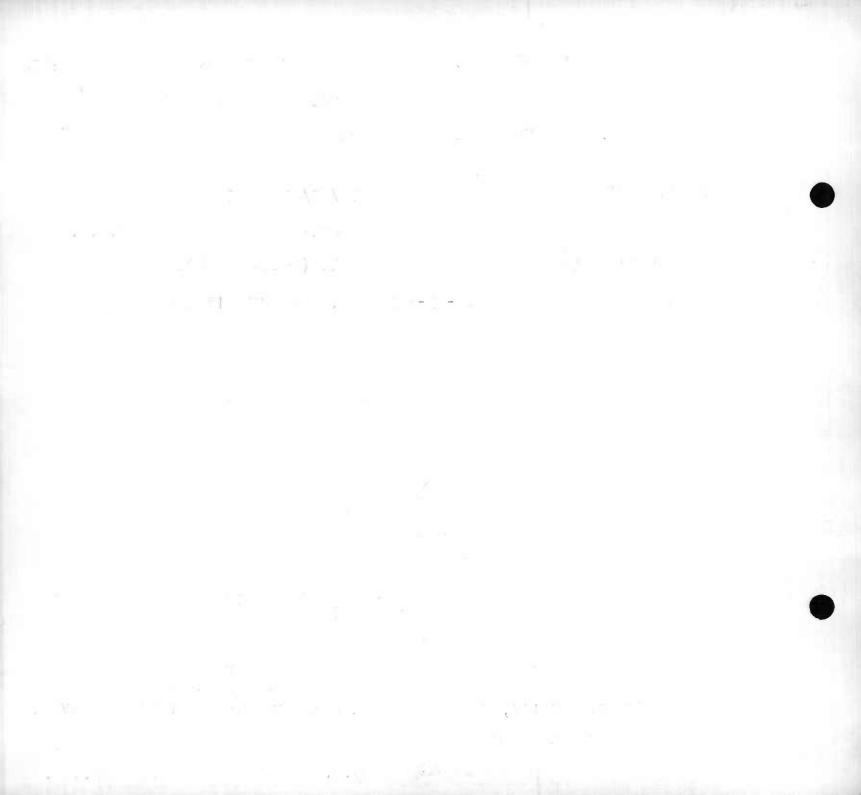
	m0 4-0	*	BALTIMORE CITY	HEALTH DEPARTMENT		E10 1 - 0 E10	
BIRTH NO.	70 102	76	CERTIFICA	TE OF DEATH	REG. NO	70 10276	
I. NAME OF D	ECEASED				AND HOUR OF DEATH	7	
Type or Print	illa Green	field Da	niels			1	0
3. PLACE IN B.	ALTIMORE, MARYLAND	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (V)-17-70 Where deceased lived If	institution: residence before ad	D PN
				11	YTAUC	40 × 0	111231011
FULL NAME OF HOSPITAL OR	ADDRESS OR LO	PITAL OR INSTITUTION	ON, GIVE STREET	Md.		1d.0d	
				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	
	Homewood Ap	ar unemus		Baltimore		YES NO	
00				&			
SEX	6. RACE	7. MARRIES	Nava Alana	B. DATE OF BIRTH	9. AGE (In years		
M	W	WIDOWED	NEVER MARRIED DIVORCED	10-8-1881	lost birthdoy)	Months Doys Hours	24 Hrs. Min.
DA. USUAL OC	CUPATION (Give kind of voor working life, even if retire	vork 108, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign countryl	12. CITIZEN OF WHAT CO	UNTRY
Sales	or working the, even a tente	Hubbs-Co	mning	Balto., Md.		USA	
3. FATHER'S N	AME	114005400	71111118	14. MOTHER'S MAIDEN		0.022	
Henry	Daniels			Harriet Gre			
	ed Ever in U.S. Armed	Forces? 16	SOCIAL	17. INFORMANT	r NT	ADDRESS	
	in yes, give wor or o		11-01-8575	Mr. & Mrs.	I.N.	Manager Art 27	nge .
118.	0.50		CAUSE OF DEAT		. veare	Trenton, N.	١.
4-1	ASE OR CONDITION	DISCOUL	CAUSE OF DEATH		(')	APPROXIMATE INT	
Dise	LEADING TO DEAT		anter	isoland	in heart de	100	
(This does	nat meen the mode	of dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	1-0000	J. 2 1	1
heart failure	e, asthenia, etc. If med amplication which caus	ins the disease.	DUE TO, OR AS	CONSEQUENCE OF:		U	
injuly of co							
	ANTECEDENT CAUS		(B)				
rise to t	OR CONDITIONS, i	f any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYIN	IG CONDITION last.	ty stating the	(c)				
	- 11						
OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING					
C DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN F	ART 1 (A).	***************************************			***********	
19A. DATE C	F OPERATION 198. CO	ONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED	
				no	1	AUSES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING	218, PL A	CE OF INJURY le.g., in	or obout 21C, WHERE DID	(If In Boltimo	oro City, give exoct locotion)	
DEATH (noti	ly medical examiner	elcJ	only today, sheet at	ice biogetinson occor:			
21D. TIME	(Month) (Doyl (Yes	or) (Hour) 21E, IN.	IURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
OF INJURY		While A					
		Work	AI WOR				
	y that (1) (this hospi		/ / -	1/2/	19 2 240	10/17 19/	70
that (1)	Tast saw the decea	sed alive an	10/11	19and	that In (my) (con) ap	Inlan death occurred an th	e date
and haur a	nd fram the causes s	tated abave, (1) 🐠	(dtd) (dtd=101) v	ew the bady after deat	h,		
23A. SIGNAT						238. DATE SIGNED	
non	RI		- DL.	Med. Director	Staff	10/0/10	
23C.PHYSICI	ANS	allen	DEGREE	3D. ADDRESS	Phys. L	11/1/10	
		M D			Q.4-	/	
Norr	nan Freemar		DEGREE	11 W. 29th			
REMOVAL	(Specify)	24C. NAME	of CEMETERY OF CRE	VIAIURT 24D.	LOCATION (C	ity, town, or county) (S	tote)
Burial			d Ridge Ce		ikesville,	Maryland	
SA. DATE REC'	D BY HEALTH DEPT.	258 NAME OF B		25C. FUNERAL DIRECT	OR Sone Co	. ADDRESS	d
	1012019/0	Bent El A	aber M.D.	I W J erki	as Sons Co.	• 4705 TOLK V	u.
'S 150-REV. 1/1	/68				THE PARTY OF THE P	1	

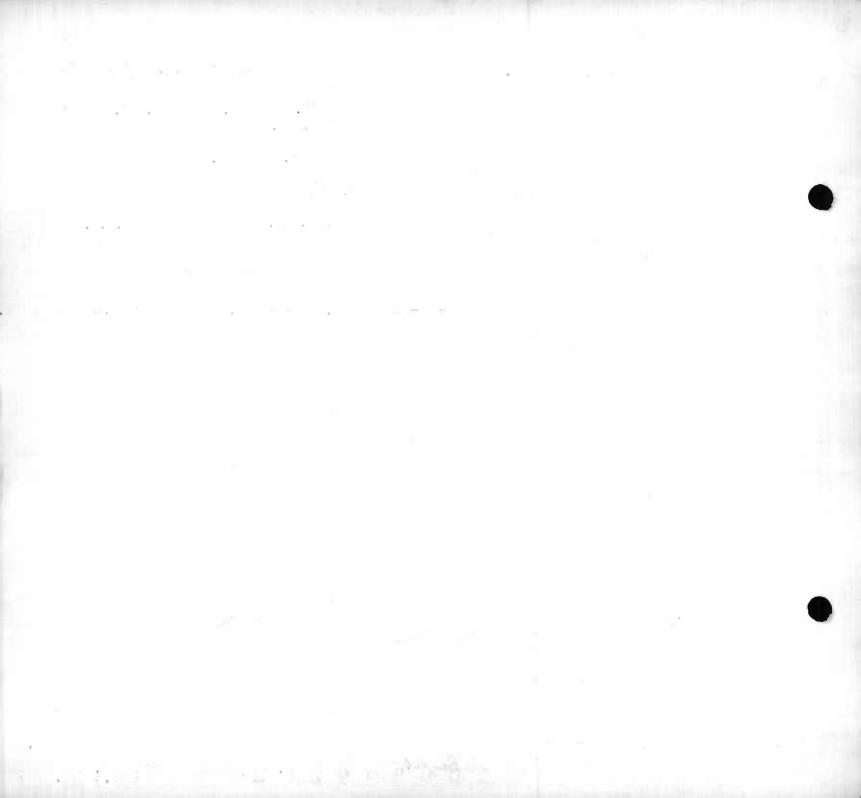


IMPORTANT

FUNERAL DIRECTOR:

	bea es		BALTIMORE CITY	HEALTH DEPARTMENT	12	
BIRTH NO.	70 1027	7	CERTIFICA	TE OF DEATH		70011
(Type or Print)	UNITAS,	IRENE	G.		AND HOUR OF DEAT	
3. PLACE IN BAL	LTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE		institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT ATION)	TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	ANNE AR	UNDEL
40	ST. AGNES	HOSPI	TAL	GLEN BURN E. STREET AND NUMBE 456 GLEND	I E	YES NO X
5. SEX	6. RACE	7. 44 A DDIED	Wateries	8. DATE OF BIRTH		
FEMALE	WHITE	WIDOWED		12/05/97	9. AGE (In years last birthday)	Months Doys Hours Min.
done during most of	working life, even if retired)	KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign countryl	12. CITIZEN OF WHAT COUNTRY
MACHIN		CLOT	THING	MARYLAND		U.S.A.
	GUTBERLET			SALLY (WAL	LS)GUTBERL	ET
15. Was Deceosed (Yes, no or unknown)	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NONE	,,,,,	0. 00111007	214-03-3270	ST. AGNES	HOSPTTAL	RE CORDS
18. 4/	2,4		CAUSE OF DEATH	1	1	APPROXIMATE INTERVAL
DISEAS	SE OR CONDITION DIE LEADING TO DEATH	RECTLY		1. 61.	1	BETWEEN ONSET AND DEATH
(This does n	ot mean the mode of	dving, e.g.,	(A) IMMEDIATE CAU		lhi	
nearl failure,	osthenia, etc. Il meons	the disease.	DUE TO, OR AS A	CONSEQUENCE OF		
	ANTECEDENT CAUSES			Muss cardin	1 Valant	
DISEASES O	OR CONDITIONS, IF	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	7	
rise to the	obove couse (A)	slaling the		Coronau.	Acchin	An a
	11		(c)	7	O CC Care	
FIO THE DEAT	ICANT CONDITIONS CON	IF TERMINAL	Pyeline	phutes,	brankspare	war
Y 119A. DATE OF	ONDITION GIVEN IN PART	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, 1F YES, WERE	FINDINGS CONSIDERED
111	WAS PERF			YES	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
. IOR CONTRIBU	IT WAS UNDERLYING THE TIME CAUSE OF medical examiner	218, hom etc.)	e, larm, lactory, street, off	or about 21C. WHERE DID ice bldg., INJURY OCCUR?	(II In Boltimo	ore City, give exoct locotion)
	(Month) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX)		Whi	le At Not While At Work			
22. I certify	that (i) (this hospitol)		e deceased from U	CLOBER 6	19 70 ta OC	TOBER 19 1970
	last saw the deceases		OCTOBER 19	19 70 and		fnfan death accurred an the date
and haur and	from the couses state	ed oboye. (I)	(We) (did) (did not) vi	ew the body after deat	le contract of	codin accorded du tue daie
23A. SIGNATUI	RE	1				23B DATE SIGNED
23 C. PHYSICIAI NAME (Ty	Doge V	cu	MP DEGREE Phys.	Director L	Staff Phys.	10-19-50
NAME (Ty				DO: WDDKE22	TO MD 010	
				BA	LTO, MD 212:	
	GEORGE PATE	RICK 1		ST. AGNES H	OSP; CATON	E WILKENS AVES.
PAA. BURIAL CREA REMOVAL (S BURIAL	GEORGE PATE MATION, 24B DATE 10-22-	24C. NA	MD DEGREE	ST. AGNES H	OSP; CATON	& WILKENS AVES.
PAA. BURIAL CREA REMOVAL (S BURIAL	GEORGE PATE MATION, 248 DATE pecify) 10-22- EX HEALTH DEPT	70 WO	DEGREE ME OF CEMETERY OF CREA ODLAWN E REGISTRAR	ST . AGNES H	OSP; CATON LOCATION CO VOODLAWN DR	E WILKENS AVES. City, town, or county) (State) MD. ADDRESS
24A. BURIAL CREA REMOVAL (S	GEORGE PATE MATION, 24R DATE 10-22- AY HEATTH DET. 2 1970	70 WO	D DEGREE ME OI CEMETERY OF CREA	ST . AGNES H	OSP; CATON LOCATION CO VOODLAWN DR	& WILKENS AVES. (State) MD.

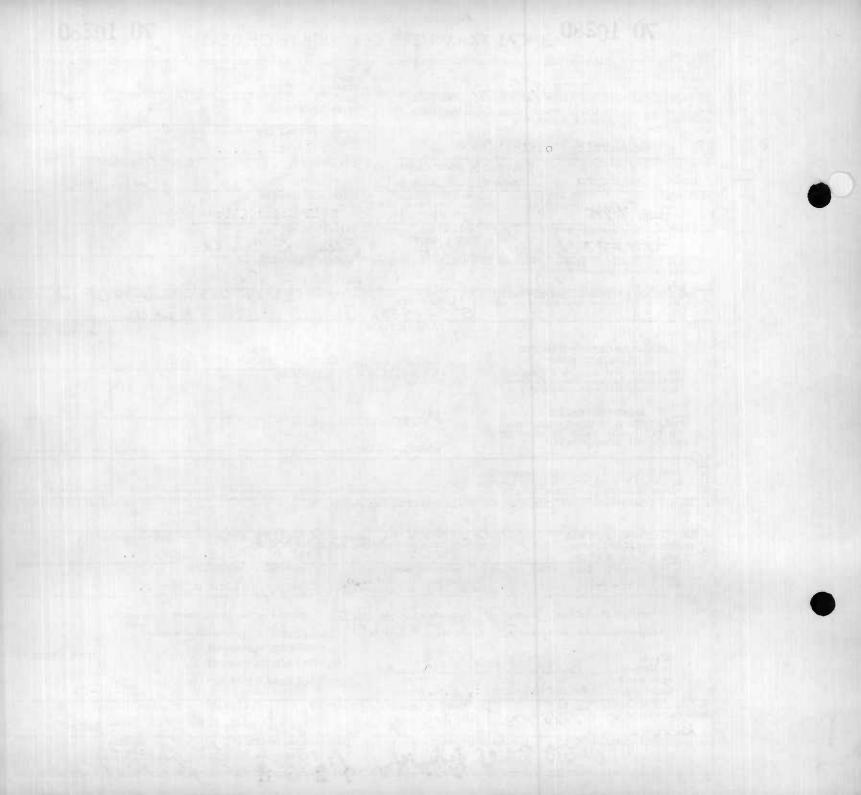






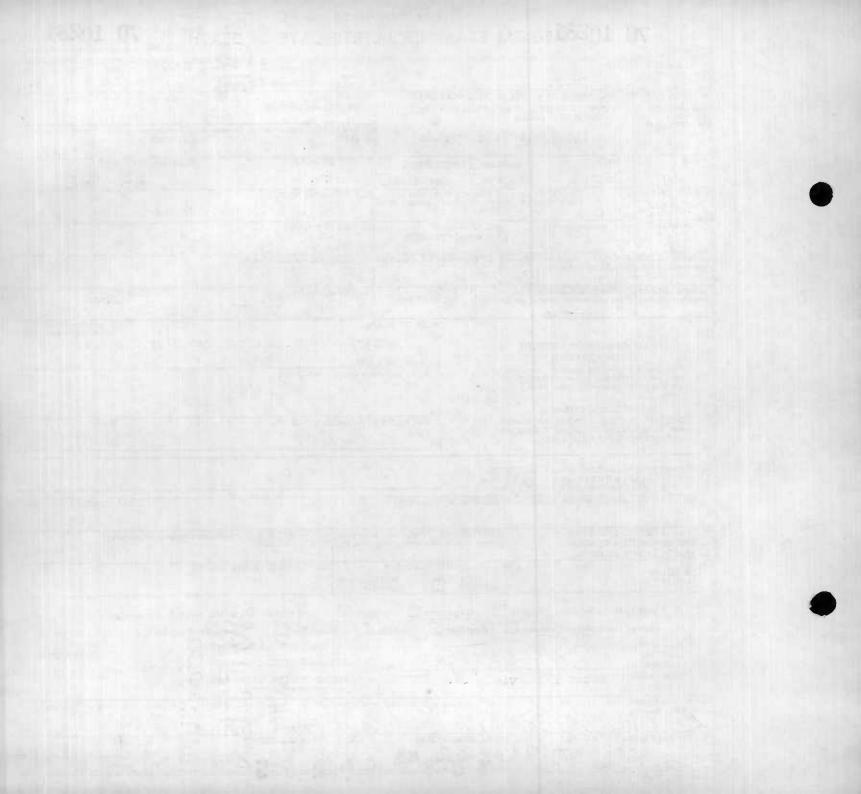
N-426

70 1028 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10280
1. NAME OF DECEASED 2. DATE Known Month Day Year Hour
(Type or Print)
ELLTS O. WALKER DEATH Estimoted 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVESTREET ADDRESS OR LOCATION) OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVESTREET ADDRESS OR LOCATION) 10 19 1970 7:20 a S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
University Hospital A. STATE Washington, D.C. B. COUNTY
6. SEX N. KACE S. MARRIED NEVER MARRIED L. C. CITT ON TOWN
male Negro WIDOWED DIVORCED VES NO
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months Doys Hours Min. 2812 Gainsville
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?
14A.USUAL OCCUPATION (GIVE kind of work) AB. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
done during most of yorking life, even if retired) Denanita aline
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.
577-54.8337 Drace Walker (4) ife)
19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A)IMMEDIATE CAUSE Gunshot wound of abdomen
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused deoth.)
injury or complication which coused deom.
ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING (B) DUE TO, OR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Z ONDERTING CONDITION LAST. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)
DISEASE OR CONDITION GIVEN IN PART 1 (A)-
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)
yes 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II in Boltimore City, give exect location)
UNING CAUSE OF DEATH. home, form, loctory, street, office bldg., etc.) INJURY OCCUR? Rear of 1305 S. Carey St.
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) 10-9-70 4:10 p. m WHILE AT WORK Shot by police officer.
(APPROX.) 10-9-70 4:10 p. m. WHILE AI WORK Shot by police officer.
I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion
resulted from: Notural causes Accident Suicide Homicide Undetermined monner
CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER 10-19-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
Bureal Hay 10 Houriong Sandover maryland.
254. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR 255C. FUNERAL DIRECTOR Phillips ADDRESS Physics of the Property of the Party of t
VS 151-REV. 3/1/68 / VS 151-REV. 3/1/68



G. 657

70 102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED 2. DATE Known XX Manth Day Year Hour (Type or Print) OF 8:05 p.M John Green Estimated 10 11 70 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 10 11 70 8:05 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 1417 Fairmount Avenue B. COUNTY 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? ma le Negro Balto. WIDOWED . DIVORCED [YES X NO 10. AGE (in years last birthday) 9. DATE OF BIRTH H Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min. E. STREET AND NUMBER 1417 Fairmount Avenue 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done ducing most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dates of service) SOCIAL SECURITY NO. 8. INFORMANT ADDRESS 19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart follure, asthenia, etc. it means the disease, injury ar complication which coused deoth.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) no **Z2A. EXTERNAL CAUSE WAS** 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give exact location) home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING MOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK NOT WHILE (APPROX.) 23. i certify that I held an inquiry Inspection XX Autopsy and that on this basis, death in my opinion resulted from: Natural couses KX Accident Suicide ... Homicide ___ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10/12/70 **EXAMINER'S** Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER NAME (Type) 24A. BURIAL CREMATION. 248, DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR HUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

NO

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE.

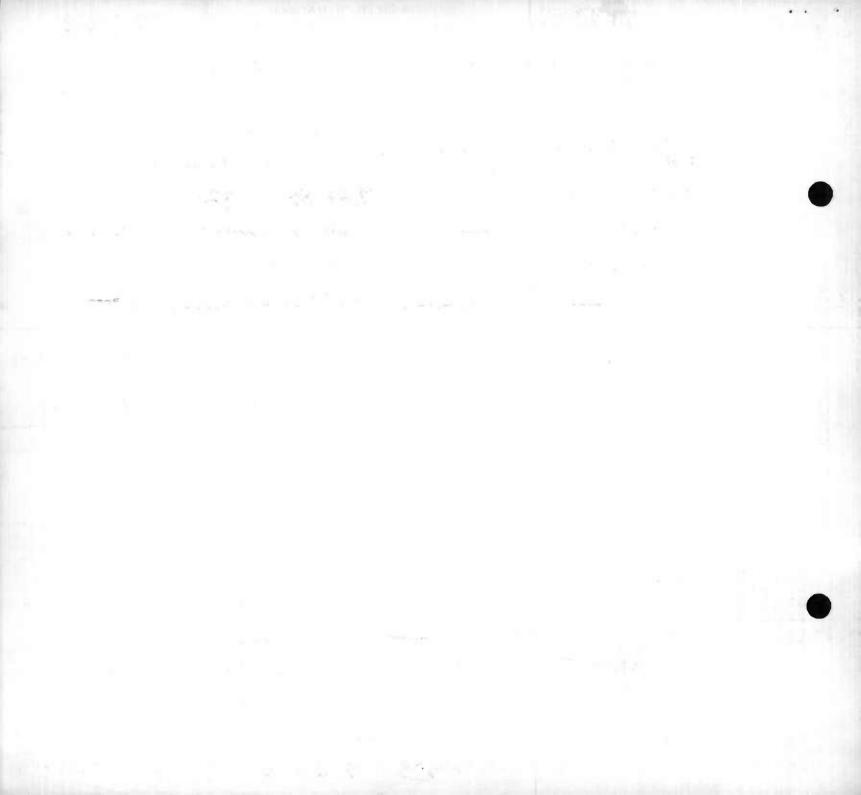
ADDRESS

IMPORTANT DIRECTOR: FUNERAL approved

VS 150-REV. 1/1/68

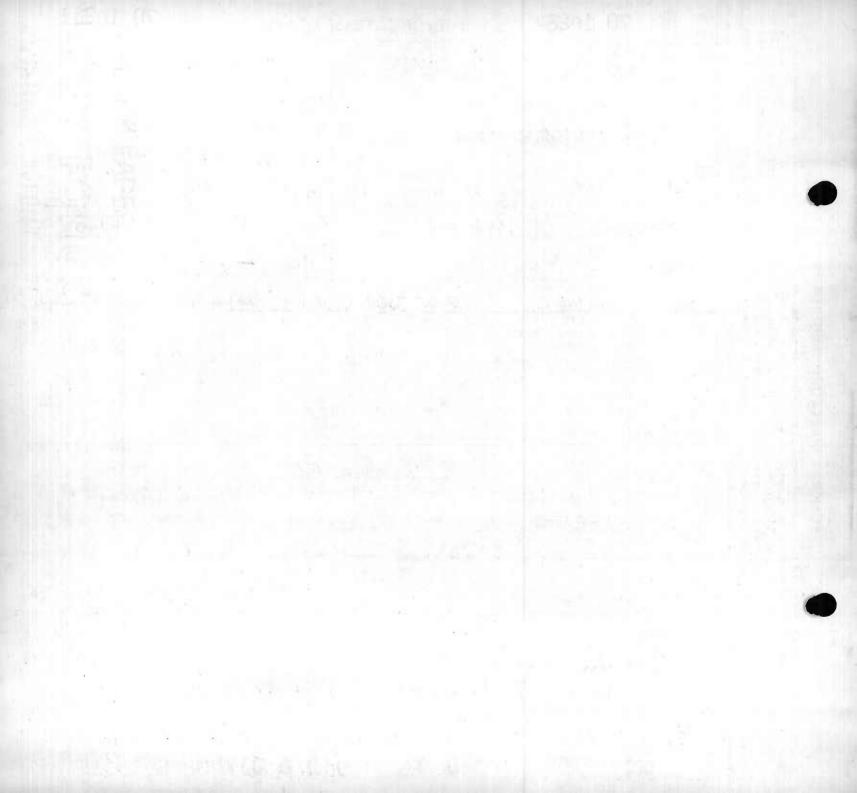
occurred

death



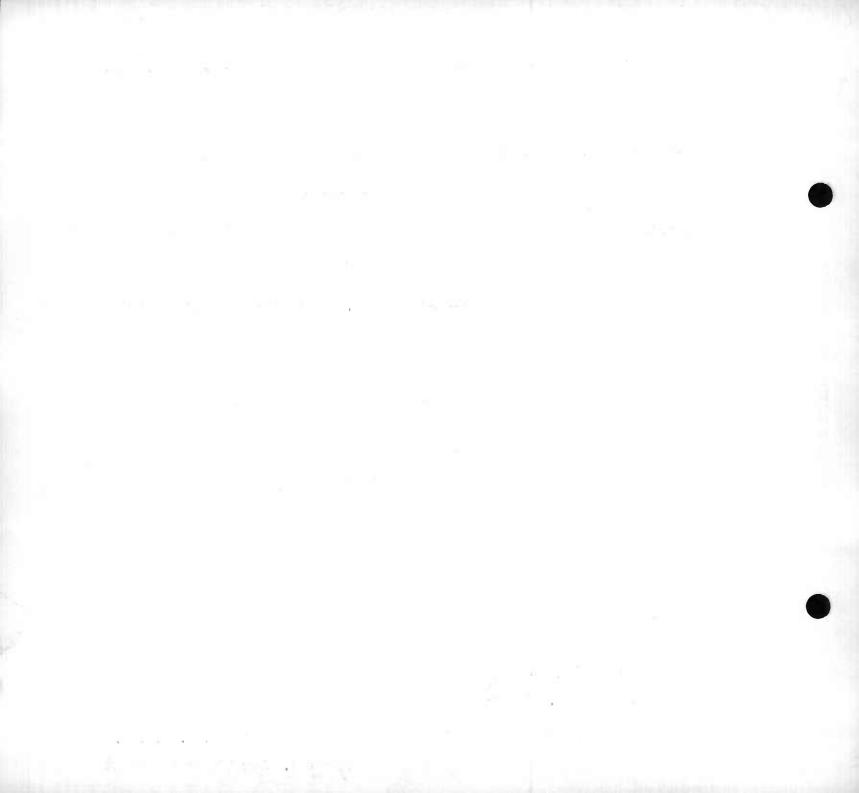
VS 150-REV. 1/1/68

sellyean in the only aremidiation en



					BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH	NO.	70	102	285	CERTIFICA	TE OF DEATH	REG. NO	70 10285
(Туре	ME OF DECEA	Olse	n, Ca	rl Fe	rdnand		AND HOUR OF DEATH	0/19/70
3. PL/	ACE IN BALTI	MORE, MAR	YLAND, W	HERE PRONO	UNCED DEAD		here deceased lived II in-	titution: residence belore odmission
FULL HOSP INSTIT	NAME OF	(IF NOT ADDRESS	N HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN	21224	DE CITY LIMITS?
35	Church	n Home	e & H	ospita	al	Baltimore E. STREET AND NUMBER 2318 Cambridg		YES 🔼 NO
5. SEX	6.	RACE		7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH		II Under 1 Yr. , If Under 24 Hrs
10A. U	M SUAL OCCUP	W	kind of work	WIDOWED	DIVORCED A	10/5/1900 11. BIRTHPLACE (Stote or f	9. AGE (In yeors lost birthdoy) 70	Months Doys Hours Min.
done a	Retire	ed	if retired)	Seam		11. BIRTHPLACE (Stote or f	Denmark	Danmark
Unl	ther's name					14. MOTHER'S MAIDEN N Unknown	AME	
	Deceosed Every or unknown!	ver in U.S. I yes, give v	Armed Ford vor or dote:	es? s of servicel	16. SOCIAL SECURITY NO. 212-30-3009	17. INFORMANT	zevski 2318 G	ambridge Street
Di	eart failure, as jury ar campli AN ISEASES OR SE IO The NDERLYING (TECEDENT CONDITIO abave car	CAUSES ONS, if a	death.)	(B) arter	A CONSEQUENCE OF:	Greeze	/ 7
NO TO	HER SIGNIFICA THE DEATH E SEASE OR CON	BUT NOT REL	ATED TO TH	E TERMINAL	Vas	u Inf	My less	.7
CERTIFICATION	A.DATE OF O	PERATION	198 CONE WAS PERF	ITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes) of	No. 208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
O.D.	A ACCIDENT CONTRIBUTION ATH (notify me	WAS UNDE	RLYING [] E O F ner)	21B, hom etc.)	e. form, foctory, street, of	or obout 21C. WHERE DID	(If In Boltimore	City, give exect location)
S OF	D. TIME (A INJURY PPROXI	Aonthi IDoy	(Yeori		INJURY OCCURRED Not While At Work	21 F. HOW DID II	NJURY OCCUR?	
	I certify the ot (I) (we) Io				ne deceased from	19. 70 ond		and death accurred on the date
an	d hour and fr	am the cau	ises stote	ed obave. (1) (We) (did) (did nat) vi	ew the bady after death	•	
234	SIGNATURE	n)	In	ster,		ding Med.		23R DATE SIGNED
230	NAME (Type	0-7-	1	3 33		3D. ADDRESS		1 1 1

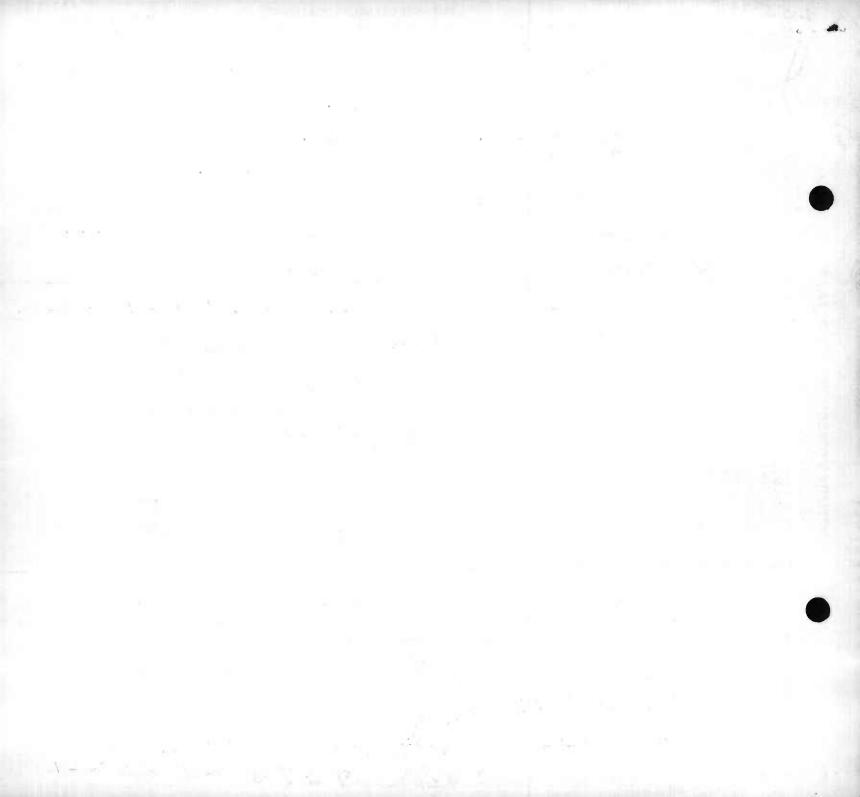
24A. BURIAL CREMATION, REMOVAL (Specily) Burial 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 10/22/ Cedar Hill Cemetery Baltimore, Md. A.A.Co. 21225 CT 21 1970 George A. Weber 705 South Ann Stoderss VS 150-REV. 1/1/6B



RAITIA	AODE CIT	TY HEALTH	DEDAD	TAKENIT
PALIIN	NOKE CI	II DEALIF	IUEPAK	IMPNI

REG. NO	70	10286	
			-

IRTH NO. 70 1028	GERTIFICA	TE OF DEATH	REG. NO	10 Theap
NAME OF DECEASED		2. DATE AND HOUR	R OF DEATH	
Margaret	McMann	70/1	5/70	7.15 p/
PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceos	sed lived. Il ins	litution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA'	L OR INSTITUTION, GIVE STREET	Md.	D INCID	26-42
	Two		D. INSID	DE CITY LIMITS?
Mercy Hospita	il, inc.	Balto . E. STREET AND NUMBER	l	YES NO NO
SEX 16. RACE 17		1616 Parkside I		
FW	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE lost birth 714	doyl	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work) one during most of working life, even if refired) Home Maker	OR KIND OF BUSINESS OR INDUSTRY	In BIRTHPLACE (State or loreign country Ireland	γ)	12. CITIZEN OF WHAT COUNTRY U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Walter Brogan		Rose McQuade		
Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dotes	of sorvice) 16. SOCIAL SECURITY NO.	Mrs. Margaret M. (1/Cannan	ADDRESS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if an inso to the obave cause (A) and the obave cause (A) a	TRIBUTING E TERMINAL 1 (A).	A CONSEQUENCE OF EPHLEbitia & lin [20A. AUTOPSY? (Yes or No)] 208. [F	YES, WERE FIL	\
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, a otc.)	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exect lecotion)
DEATH (notify modical examinar) 21 D. TIME (Month! (Day) (Year) OF INJURY (APPROX.)	(Houl 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCC	CUR?	
22. I certify that (1) (this haspital)	attended the deceased from	10-2 1970	ta ID	-15 1970.
that (4) (we) last saw the deceased	alive on 15 - 15 d d above. (1) (We) (did) (did not) v	19 20 and that In (my	(our) opini	on death occurred an the dat
The second state of the second state			12	23B, DATE SIGNED
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	nding Med. Stoff Director Phys. 23D. ADDRESS		10/15/20.
23A. SIGNATURE 23C. PHYSICIAN S	DEGREE Phys	Director Phys. 822 D. ADDRESS MATORY 24D. LOCATION	(City.	town, or county) (Stolet
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PAT RICK A. BURIAL CREMATION, REMOVAL (Specily) Burial 10-19-7	nolony DEGREE Phys	Director Phys. 822 D. ADDRESS MATORY 24D. LOCATION	(City.	10/15/70.



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

Commence

THE ROLL OF THE PARTY OF THE PA

102-10

with the control of the politice will district the

	200		HEALTH DEPARTMENT	V REG. NO.	2004
DIMITI ITO,	885	CERTIFICA	TE OF DEATH	REG. 140	70 19288 -
1. NAME OF DECEASED	10.5			NO HOUR OF DEATH	
WOELPER E	ta near	OCT (OBER 15, 1	970 5:15 P M.	
STEACH IN PARIMONE MARIEAN	TO, WHERE PRONOU!	NCED DEAD	IA. STATE 8. COU	N IY	nstitution; residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			MARYLAND	BALTIM	ORE 6 53-00
			C. CITY OR TOWN D. INSIDE CITY LIMITS?		
Y ST AGE	NES HOSPIT	ΤΔΙ	E. STREET AND NUMBER		YES NO
40				NGHAM ROAD	21207
SEX 6. RACE	7. MADDIED TV	NEVER MARRIED	8. DATE OF BIRTH		
FEMALE WHITE	WIDOWED		02-13-00	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind	of work 108, KIND OF I		11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of warking life, even it re	fired)	REINER CO.	MARYLAND		
RETIRED J.E.		LINER CO.			U.S.A.
B .			14. MOTHER'S MAIDEN NAME		
JOHN PORTA			ROSA (ZAVATTARI)		
c. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.			17. INFORMANT		ADDRESS AVE
NO		16-01-7228	ST. AGNES H	OSP RECOR	
18.		CAUSE OF DEAT	Н	Nav or	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION			1 -	_	DELIVEER ONSET AND BEATH
(This does not mean the mad	le of dving e.g.	(A) IMMEDIATE CAL		ia	
heart foilure, asthenio, etc. It m	eans the disease.	DUE IO, OK AS	A CONSEQUENCE OF:		
ANTECEDENT CA	2-51-00-1		0 0 1.		
DISEASES OR CONDITIONS,		(B) PULL TO OP AS	A CONSEQUENCE OF:	~	
rise to the obove cause	(A) stoling the	DOE 10, OR A3	A CONSEQUENCE OF:		
UNDERLYING CONDITION las	i.	(c)			
TO THER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A-DATE OF OPERATION 198. WAS 21A-ACCIDENT WAS UNDERLYED	TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN 198.	V PART 1 (A).	ICH OFERATION	20A-AUTOPSY? (Yes or No	n) 208. FF VEC WERE	EINDINGS CONSIDERED
WAS	PERFORMED	II TOSAU	2010131111030111	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTION TO A LUCE OF	NG 218, P	LACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID	(If In Baltimar	re City, give exoct location)
DEATH (notify medical exominent	etc.)	tarm, toctory, street, of	fice bldg., INJURY OCCUR?	•,,	- Control of the cont
21D.TIME (Month) (Dayl (Yeor) (Hour) 21 & II	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?	
(APPROX)	While	At Not While			
	Work	At Work	CTORED 12	70-00-0	DED 12 70
22. I certify that (f) (this has	pital) offended the	OCTOBER 15	7.0	19 / U 10 UC 1 U	
that (){ (we) last saw the dec				at in (m/y) (aur) apl	nton death occurred on the date
and haur and from the causes	stated obove. (1)	(Me) (q1q) (q1) (A(), A(),	lew the body after death.		
23A. SIGNATURE		Aug	ndine - Had -	S1.88 ===/	23 B, DATE SIGNED
Chunghe	i bai.	Atter	Med. Director	Staff Phys.	10/16/70
23C. PHYSICIAN'S NAME (Type)	. /		3D. ADDRESS		
Chung	of Hui T	Deci, M. DEGREE	CATON & WILK	ENS AVE.	ST AGNES HOSPTIA
A. BURIAL CREMATION, 248. DAT	E 24C.NAM	AE of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	ly, town, ar caunty) (Stote)
Burial 10/1	19/70 Wood	flawn Cemeter	y Woo	dlawn. Balt	imore, Md. 21207
A. DATE REC'D BY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
OCT 21 1970	Jaban E.	author M.D.	Closing Byers	38728 Liber	ty Rd. 21133
150-REV. 1/1/68					

pp At [보호보호] 1월 - 박 64-4일을 받게받은 바다 1일 프로(주는 Let 및 - En i II-10 + 12)

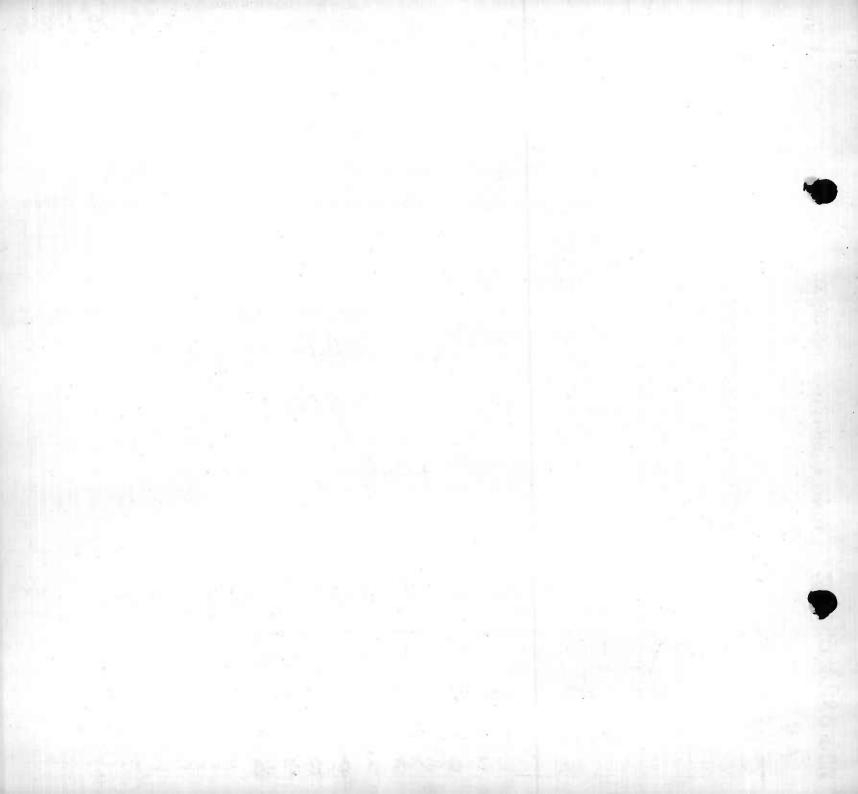
BIRTH NO.	70 102	89	BALTIMORE CITY			REG. NO.	70	10289
1. NAME OF DECI	Caroline H	arton A	KA Hort	o n		t. 70	тн	4
3. PLACE IN BALT	THORE MARYLAND,	WHERE PRONOUN	CED DEAD	4. USUAL RESIDE A. STATE Maryla	ENCE (Whe	Balto. C.	if institutions ty NSIDE CITY	residence before admissio
39				E. STREET AND	NUMBER	Ave.	YES] ио []
5. SEX	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED N	8. DATE OF BIRT		9. AGE (fn years fost birthday)	if Und Months	er 1 Yr. If Under 24 Hr. Doys Hours Min.
done during most of w	PATION (Give kind of working fife, even if retired	ork 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE	(State or lare	gn country)		IZEN OF WHAT COUNT
13. FATHER'S NAM	John.	Horton	yed	14. MOTHER'S A	MAIDEN NAM	Horton		
(Tes, no or Unknown)	Ever in U. S. Armed I Ilf yes, give wer ar d	forces? oles of sorvicol	SOCIAL SECURITY NO.	Mrs. 1	rumi	Treggin	w 102	ADDRESS
(This does no	OR CONDITION I EADING TO DEAT I mean the mode sthenia, etc. It mean lication which cause	H of dying, e.g.,	CAUSE OF DEATH REF SICHE (A) IMMEDIATE CAU DUE TO, OR AS	of Hemil	logie of:	capha	sú	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASES OR	NTECEDENT CAUSI CONDITIONS, if obove cause (A CONDITION last,	ES any, giving	(c) attended	a consequence	areli	stenal d	Dose	un certan
₹ TO THE DEATH	II ANT CONDITIONS C BUT NOT RELATED TO NDITION GIVEN IN P	THE TERMINAL	Diahete	5 mil	el			unknown
10 20	PERATION 198 CO WAS PE	RFORMED		20 A. AUTOPSY		208, IP YES, WER	E FINDINGS AUSES OF	CONSIDERED DEATH?
OR CONTRIBUT	ING CAUSE OF	home, (CE OF INJURY (e.g., in orm, loctory, street, aff	or about 21 C. WH	OCCUR?	(II In Boltin	nare City, giv	e exact lacation)
(APPROX)	Manth) (Doy) (Yeo	While A	☐ Al Work		W DID INIL	IRY OCCUR?		0
thot (I) (we) I	nat (I) (this hospitalist saw the decease	sed olive on /	Qet -	19.70	ond the	7 To (our) o	pinion deat	1970 th occurred on the dat
23A. SIGNATURE	bely	Hewell	e) (did) (did not) vi	ding Med	. n	910	23 B, DAT	1 SIGNED 70
23C. PHYSICIAM NAME (Typ	0)	1	DEGREE	Prov	ide	if Ha	pela	& Ball
24A. BURIAL CREM. REMOVAL (Sp. CULLED) 25A. DATE REC'D B	18-14	25B. NAME OF RE	of CEMETERY OF CREATERY OF CRE	/	DIRECTOR	elept (City, town, a	(Stote)
VS 150-REV. 1/1/68	CT 21 1970	Robert E.	abel Ad) gusy	sh di	Knos/ 2	2221	W. Mint as



IMPORTANT

DIRECTOR:

FUNERAL







181	70 10293	CERTIFICATE	OF DEATH REG. NO	70 10293
(1)	NAME OF DECEASED (Pe or Print) CHR CHR	ISTINA SZIRO		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		UAL RESIDENCE (Where deceased lived	If institution; residence before admis
FLH	OSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	nd. Baltimore	INSIDE CITY LIMITS?
	SINAL HESPITAL		Reuterstaur	YES NOTE
	42 BALTIMORE, Md.	E. STI	REET AND NUMBER	K d .
	WIDOWED T	DIVORCED 7 3	F OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Months Doys Hours Mi
dor	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BU	ISINESS OR INDUSTRY 11. BIR	THPLACE (State or foreign country)	12. CITIZEN OF WHAT COUN
	Homemaker Own Home	Sox	viet Ukrania	0
13.	FATHER'S NAME		OTHER'S MAIDEN NAME	Soviet Ukrania
	Sueredon Palyvoda		1.	
15.		SOCIAL 17. INF	hia Serduk ORMANT	ADDRESS
(Te	37	SECURITY NO.		
_	No 21	3-32-1053 Mrs.	Natasha Flanders 4	401 Roland Ave.
	441 017	CAUSE OF DEATH		APPROXIMATE INTERV BETWEEN ONSET AND D
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1 1 1 1 2	
	(This does no) mean the mode of dving. e.g.	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONS	lycendual Introduction	- 3 hrs.
	heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	DOL 10, OK AS A CONS	EQUENCE OF:	
	ANTECEDENT CAUSES	Atlan	clustic CVD	V
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CON		Yrs.
	rise to the above cause (A) stating the		SERVENCE OF:	
	UNDERLYING CONDITION last.	(c)		***************************************
z	OTHER SIGNISION AND CONDITIONS CONTRIBUTIONS			
E 1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		- Company	
5	DISEASE OR CONDITION GIVEN IN PART 1 /A1	************		
2	19A. DATE OF OPERATION 119B. CONDITION FOR WHICE	CH OPERATION 120A	ALLTOPSY? (Yes or No.) 208 IE VES W	FOR PINION CO. CO. N.S. D. FORD
RTIFIC	19A-DATE OF OPERATION 198 CONDITION FOR WHICE	CH OPERATION 20A	AUTOPSY? (Yes or No.) 20B, IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC	19A-DATE OF OPERATION 198. CONDITION FOR WHICE	4	NO IN CERTIFYING	
CERTIFIC	19A-DATE OF OPERATION 198. CONDITION FOR WHICE	CE OF INJURY (e.g., in or obount, foclory, street, office bldg	NO IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFIC	21A. ACCIDENT WAS UNDERLYING 21B. PLA home, feet.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN I	CE OF INJURY (e.g., in or obound, foctory, street, office bldg	IN CERTIFYING	
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19R. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLA home, is etc.) PEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) (Hous) 21E. INJ (APPROX.)	CE OF INJURY (e.g., in or obount, foclory, street, office bldg	NO IN CERTIFYING	
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B PLA home, to etc. 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) While A Work	CE OF INJURY (e.g., in or oboroum, fociory, street, office bidge of the bidge of th	IN CERTIFYING	
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLA home, it etc.] PEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospitel) attended the d	CE OF INJURY (e.g., in or obout office bidge office office bidge offic	IN CERTIFYING IN CERTIFYING IN CERTIFYING (If in Boil INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	Imore City, give exact location)
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE 21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomined) 21E. INJ OF INJURY (APPROX.)	CE OF INJURY (e.g., in or obout office bldg office bld	IN CERTIFYING IN CERTIFYING IN CERTIFYING (If In Boil INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	Imore City, give exact location)
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE 21A. ACCIDENT WAS UNDERLYING 21B. PLA home, for contributing CAUSE OF CAUSE OF While A Work 22. 1 certify that (1) (this hospital) attended the dethat (1) (we) last sow the deceased alive on ond hour and from the couses stated above. (1) (We)	CE OF INJURY (e.g., in or obout office bldg office bld	IN CERTIFYING IN CERTIFYING IN CERTIFYING (If In Boil INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	Imore City, give exact location)
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLA home, it etc.] PEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospitel) attended the d	CE OF INJURY (e.g., in or obound, fociory, street, office bidge of the	IN CERTIFYING IN CERTIFYING IN CERTIFYING (If in Boil 21F. HOW DID INJURY OCCUR? 19	Imore City, give exact location)
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE 21A. ACCIDENT WAS UNDERLYING 21B. PLA home, for contributing CAUSE OF CAUSE OF While A Work 22. 1 certify that (1) (this hospital) attended the dethat (1) (we) last sow the deceased alive on ond hour and from the couses stated above. (1) (We)	CE OF INJURY (e.g., in or obound, fociory, street, office bidge office bidge of the street, of the street, office bidge of the street, of the st	IN CERTIFYING IN CERTIFYING IN CERTIFYING (If in Boli INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	opinion death occurred on the
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE 21A. ACCIDENT WAS UNDERLYING 21B. PLA home, for contributing CAUSE OF CAUSE OF While A Work 22C. I certify that (1) (this hospital) attended the dethat (1) (we) last sow the deceased alive on ond hour and from the couses stoted above. (1) (the couse of couse	CE OF INJURY (e.g., in or obound, fociory, street, office bidge of the	IN CERTIFYING IN CERTIFYING IN CERTIFYING IN CERTIFYING (If in Boli INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	opinion death occurred on the
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE 21A. ACCIDENT WAS UNDERLYING 21B. PLA home, 1c etc.] 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 22c. I certify that (I) (this hospitel) attended the d that (I) (we) last sow the deceased alive on ond hour and from the couses stoted above. (I) (## 23A. SIGNATURE	CE OF INJURY (e.g., in or obound, foclory, street, office bldg URY OCCURRED Not White At Work eccased from DEGREE Attending Phys.	IN CERTIFYING IN CERTIFYING IN CERTIFYING IN CERTIFYING (If in Boli INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	imore City, give exact location) 19 opinion death occurred on the c
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE 21A. ACCIDENT WAS UNDERLYING 21B. PLA home, for CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examinent 21D. TIME (Month) (Doy) (Year) (Hous) 21E INJ OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attended the dethat (1) (we) last sow the deceased alive on ond hour and from the couses stated above. (1) (We) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 5 1 days Scher (Control of the couses stated above. (1)	URY OCCURRED I Not White At Work Cecased from DEGREE Attending Phys. DEGREE	IN CERTIFYING IN CERTIFYING IN CERTIFYING IN CERTIFYING (If in Boli 21F. HOW DID INJURY OCCUR? 19	opinion death occurred on the company of the signed of the company of the signed of the company
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLA home, is etc.) PEATH (notify medical examined) 21D. Time (Month) (Doy) (Year) (Hour) 21E INJ While A Work 22. I certify that (I) (this hospital) attended the dithat (I) (we) last sow the deceased alive on ond hour and from the couses stoted above. (I) (We) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) SIDNAME (TYPE) SID	CE OF INJURY (e.g., in or obound, fociory, street, office bidge of the	IN CERTIFYING IN CERTIFYING IN CERTIFYING IN CERTIFYING (If in Boil IN CEUR? IN CERTIFYING (If in Boil IN	opinion death occurred on the
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLA home, is etc.) PEATH (notify medical examined) 21D. Time (Month) (Doy) (Year) (Hour) 21E INJ While A Work 22. I certify that (I) (this hospital) attended the dithat (I) (we) last sow the deceased alive on ond hour and from the couses stoted above. (I) (We) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) SIDNAME (TYPE) SID	CE OF INJURY (e.g., in or obooms, fociory, street, office bidge office bidge office bidge of the common of the com	IN CERTIFYING IN CERTIFYING IN CERTIFYING IN CERTIFYING (If in Boli 21F. HOW DID INJURY OCCUR? 19	opinion death occurred on the

n

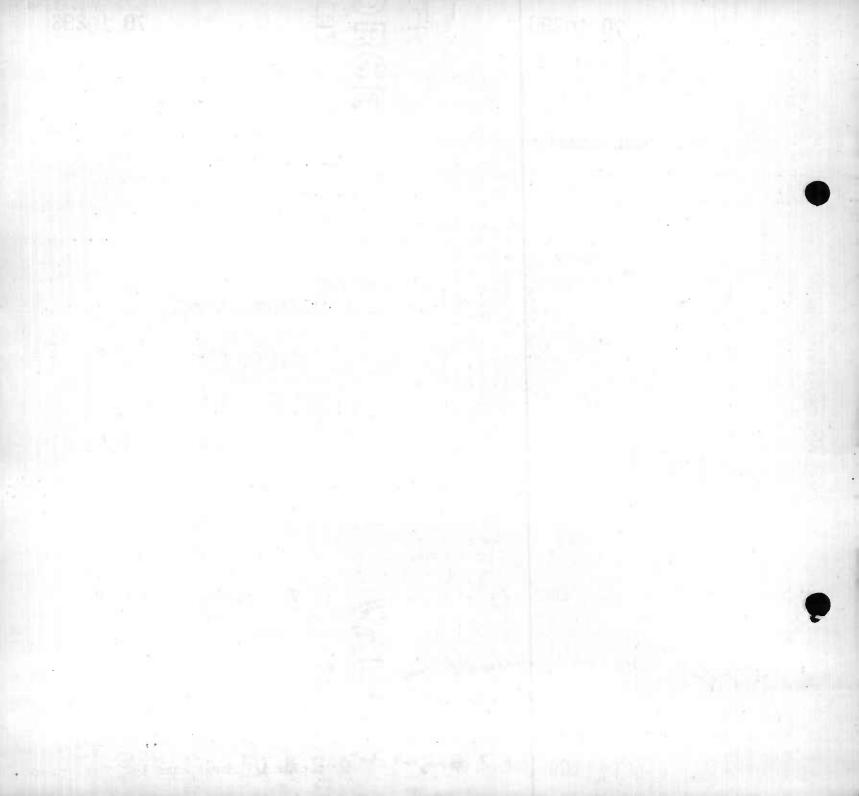
A.S.

70 10294	BALTIMORE CITY HEALTH DEPARTMENT								
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 10 11:294								
1. NAME OF DECEASED (Type or Print) Pogers - Warren	Loseph. 2. DAJE AND HOUR OF DEATH OCT 19 19 CA A.								
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONDUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived/ If Institution: residence before admission) A. STATE B. COUNTY M. M. STATE B. COUNTY								
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET RED 2 BOX 363 G. G. C. CITY OR TOWN D. INSIDE CITY LIMITS?								
of South Balle	mul glen Burnie YES NO D								
Dence	ast Hopelal arandel Co. Waltened 21661								
na lil	RRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years life Under 1 1/6. If Under 24 His. Months Doys Hours Min.								
10A. USUAL OCCUPATION (Give kind of work 10B, KI	DWED DIVORCED 3-8-08 2 12. CITIZEN OF WHAT COUNTRY)								
done during most of working life, even if retired? Purchasing Agent (Cuntia Roy Touring Co. D. 11: M.1								
13. FATHER'S NAME ROSEN	g g g g g g g g g g g g g g g g g g g								
to se ple. Ktarmitelle	& Dec Violet in Hampton dec)								
5. Way Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	Nice) 16. SOCIAL SECURITY NO. O 17. INFORMANT ADDRESS								
No	212-09-12 Warren K. Rogers 4317 (edar Garden Rd.								
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
LEADING TO DEATH	Inthibatine Capacian								
(This does not meon the mode of dying, heart foilure, osthenio, etc. It means the dis	DUE TO, OR AS A CONSEQUENCE OF:								
injury or complication which coused death.) ANTECEDENT CAUSES	with one metantino								
DISEASES OR CONDITIONS, if any,	DUE TO, OR AS A CONSEQUENCE OF:								
rise to the obove cause (A) stoling UNDERLYING CONDITION lost.	ine from white								
II	(c)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	TING Shakete hullities								
DISEASE OR CONDITION GIVEN IN PART 1 (A).									
WAS PERFORMED	FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medicol exominen)	218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?								
OF INJURY (Month) (Doy) (Year) (Hour)									
[APPROX.]	While At Not While At Work								
	22. I certify that (1) (this hospital) attended the deceased from 10/8 19 70 to 10/9 19 70								
that (i) (we) lost sow the deceased altre									
and hour and from the couses stated above	ve. (1) (We) (did) (did nat) view the body after death.								
D. V. al Aur	Attending Med. Staff // // //								
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys. Director Phys. 1								
P. 17.9E. C	> WZMAN GLEN BURNIF AND SINGE								
4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	AC. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)								
Burial 10/22/170	Lake View Memorial Park Raltimore, "aryland								
OCT 2.1 1970	ADDRESS								
/S 150-REV. 1/1/68	BE, Sebes M.D. O John 21. Moran, Inc. 3000 E. Baltimone St.								





VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

netter of the second of the second A Date of the state of the stat and the second s

the constituent of the constituents and the constituents and Continued to the state of the s

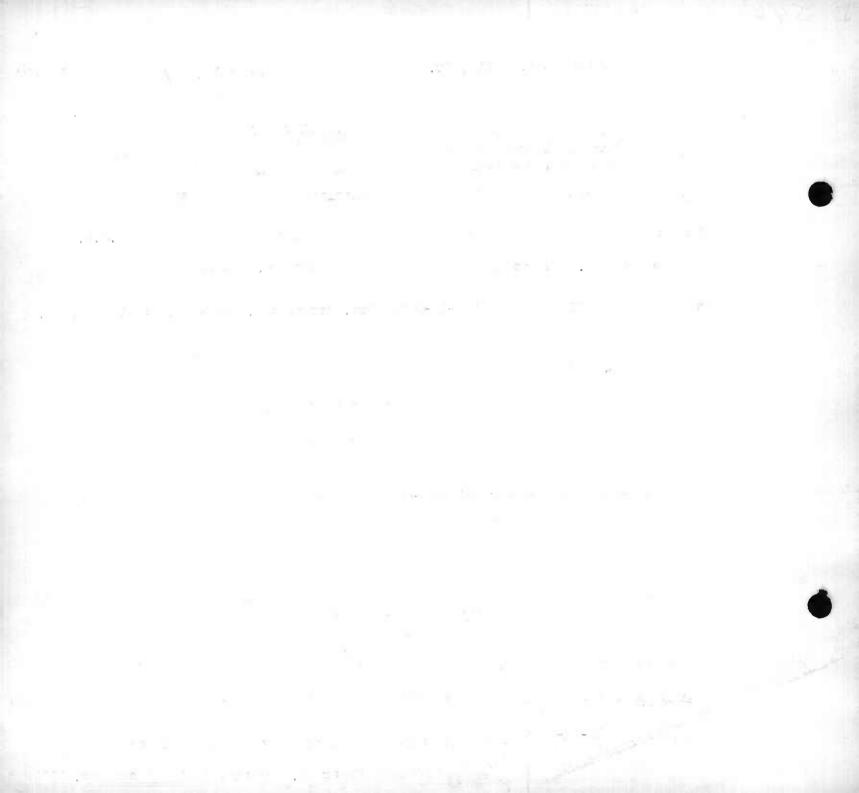
BALTIMORE CITY HEALTH DEPARTMENT

110 O.A

00

BALTIMORE CITY HEALTH DEPARTMENT

70 10	MED	CAL E	XAMINER'S	CERTIFIC	CATE C	F DEAT	H REG. NO.	70 :	10300
1. NAME OF DECEASED	2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour			
4. PLACE IN BALTIMORE, M. FULL NAME OF HOSPITAL OR INSTITUTION		OR INSTITUT	OUNCED DEAD	3. DATE PRONOL	INCED DEAD	Month 10	Doy 18	Yeor 1970	Hour 4:50 p M
115 Chur	S. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission) A. STATE Md. B. COUNTY								
6. SEX 7. RACE whi	C. CITY OR	TOWN alto.		D. INSIDE CI					
9. DATE OF BIRTH 2-15-1918	E. STREET A	ND NUMBER	Hill St		s 🖺	ио Ц			
II. BIRTHPLACE (Stote or fore) West Virginia		12,	CITIZEN OF WHAT COUNTRY?	13. FATHER'	S NAME				
14A.USUAL OCCUPATION (Gidone during most of working lile, ex	e kind of work 1	B.KIND OF	BUSINESS OR INDUST	RY 15. MOTHER	S MAIDEN				
Homemaker 16. WAS DECEASED EVER IN (Yes, no or unknown) (II yes, give No	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	IB. INFORM		eral Home		DDRESS	st Virgini
(This does not mean the heart loilure, osthento, etching of the heart loilure, osthento, etching or complication white the heart loilure or complication white the heart loilure of the heart loilure, osthento, etching of the heart loilure, etching of the heart	CAUSES ONS, IF ANY, USE (A) STATI ION LAST.	GIVING NG THE	(B) DUE TO, OI	AS A CONSEC					
OTHER SIGNIFICANT COID TO THE DEATH BUT NOT DISEASE OR CONDITION 20A. DATE OF OPERATION 22A. EXTERNAL CAUSE UNDERLYING OR CON UTING CAUSE OF DEA 22D. TIME (Month)	GIVEN IN PAR V 20B. CONI WAS TRIB- TH.	OTTION FOR	WHICH OPERATION V PLACE OF INJURY (e.g., farm, loctory, street, off	, in or obout 22 ce bidg., etc.)	C. WHERE DI	?		ye	PSY? (Yes or No)
OF INJURY (APPROX.)	Ooy) (Yeor)	V		T WHILE 22	F. HOWDID	INJURY OCCU	R?		
I certify that I h resulted from: N ACTUAL SIGNATURE EXAMINER'S NAME (Type)		w	Coldent Sulci	C ASSIS	and that or micide HIEF MEDICA TANT MEDICA CIATE MEDICA	L EXAMINER	death In my o	3	DATE SIGNED
24A. BURIAL CREMATION, 2 REMOVAL (Specify) Burial	4B. DATE 10-22-		C.NAME of CEMETERY Vester Cemeto			d. LOCATION Hamilton	(City, town, West \		(Stote)
25A. DATE REC'D BY HEALTH 1 OCT 2.1 VS 151-REV. 1/1/68			OF REGISTRAR.		uneral dire			DORESS Lkens	Ave. 21229



RAITIMODE	CITY	MEALTH	DEPARTMENT	
DALLIMOKE	CHI	DEALID	DEPAKIMENI	

70 BIRTH NO.	10302MI	EDICAL	EXAMINER'S	CERTIFICA	TE OF	DEAT	H REG. NO	70 1	0302
1. NAME OF DEC					nown 🔲	Month	Doy	Year	-0000
(Type or Print)	ROLLIN R	. RILEY	JR.	OF _	stimated	Monin	Doy	reor	Hour
4. PLACE IN BAL	TIMORE, MARYLAND			3. DATE		Month	Day	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOS	PITAL OR INST	INTUTION, GIVE STREET	PRONOUNCE		10	18	1970	8:15 P M
	versity Hos	pital		A. STATE	Penna		B. COUNTY		
6. SEX	7. RACE	8. MARR	IED NEVER MARRIED	C. CITY OR TOW	/N		D. INSIDE	CITY LIMITS?	
male	white	WIDOW	TED DIVORCED	Everett				YES 🗌	№ □
9. DATE OF BIRTH	lost birt		If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		NUMBER Everet	the Do			
	itate ar foreign country		12. CITIZEN OF	13. FATHER'S NA		LU, re	IIIIa •		
		"	WHAT COUNTRY?	IS. FAIRER'S NA	IME				
	sylvania	LILAR MINIO	OF BUSINESS OR INDUSTRY	Ro1	lin R	Ril	ey, Sr.		
one during most of w	arking lite, even it retire	ed)	OF PUSHVESS OK IMDUSTK	Ine		ME ddleto:	n		
6. WAS DECEASE	ED EVER IN U.S. ARA	AED FORCES	? IT. SOCIAL	18. INFORMANT		da Te CO.		ADDRESS	
(Yes, no or unknown)	(If yes, give wor or da	les of service	SECURITY NO.						
Yes	Vietnam		168-34-3025 CAUSE OF DEA		vieve l	Kiley,	R.D. #		rett, Penn
DISEASES OF RISE TO THE UNDERLYIN OF THE DEAD TO THE DEAD TO THE DEAD DISEASE OF THE DEAD TO THE DEAD	ITECEDENT CAUSES OR CONDITIONS, IF A BOVE CAUSE (A) SIGN CONDITION LAS ITERITARIES (A) SIGN CONDITION SIGN IN BUT NOT RELATED CONDITION GIVEN IN COPERATION 20B. C	CONTRIBUT TO THE TERMINING PART 1 (A).	(c)	AS A CONSEQUEN	CE OF:			21. AUTO	PSY? (Yes or Na)
	NAL CAUSE WAS		228. PLACE OF INJURY (e.g.,	in or about 22C. W	HERE DID (II in Baltimor	e City, give ex	act location)	
@ UTING □ CAL	USE OF DEATH.		home, form, factory, street, office highway	E	ast on	Rt. 70)	3	2-00
OF INJURY	Month) (Day) (Y	'ear) (Hour :55 p	WHILEAT TO NOT	WHILE Dr	ow did inj			had blo	w out and
23.		F	m. WORK LA AT W	ORK L					hit true
1 certi	fy that I held an	Inquiry [Inspection Aut	- Contracting	_	,	death In my		
result	ed from: Natural c	ouses 🔲	Accident Sulcid	_	Comment of the Commen		ned manner		
	1	1/0	4		MEDICAL E				
ACTUAL	DE ZLY	W	Ville es un		MEDICAL E				DATE SIGNED
EXAMINE NAME (T)	R'S	Linkovi	c, M.D.		MEDICAL E			10-1	9-70
24A. BURIAL CREM	ATION, 248. DATE		24C. NAME of CEMETERY	or CREMATORY	24D 1	OCATION	(City town	n, or county)	
REMOVAL (Specify		-1970	Bethel Cemete:						a. Bedford
Burial									- Dearord
Car. DATE REC D	CT 2.1 1970	ha	AME OF REGISTRAR B. S. Jaber, M.D.		H. Hul			ADDRESS Vilkens	Ave. 2122
			7 0 0 2 3	10	A				

. tomi prono W ... Time description and the state of the second

IMPORTANT

DIRECTOR:

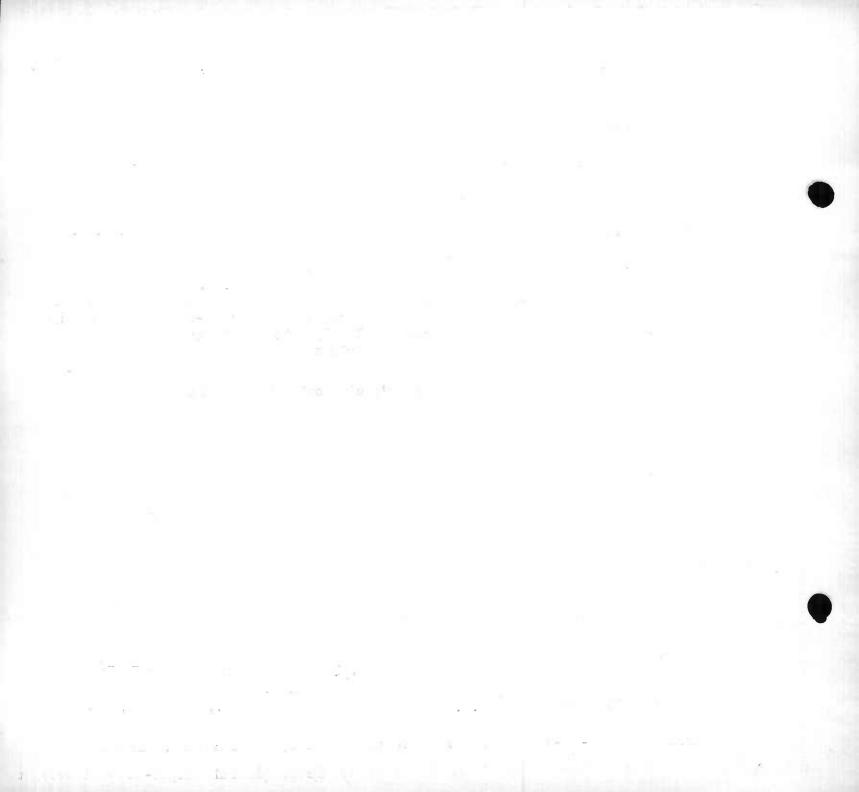
FUNERAL

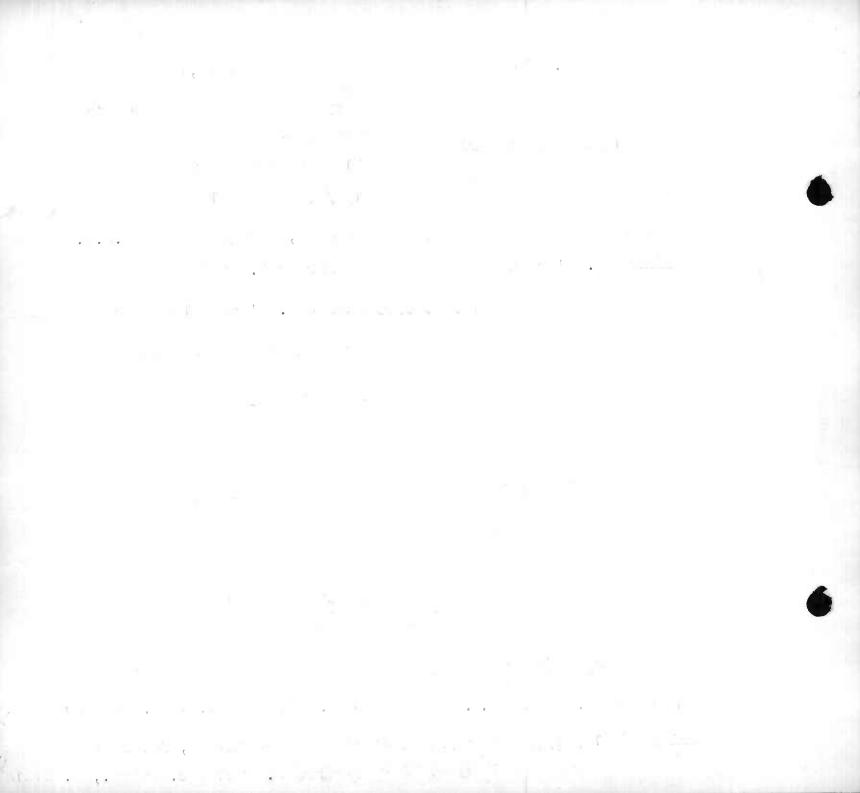
VS 150-REV. 1/1/68

NO

BETWEEN ONSET AND DEATH

U. S. A.



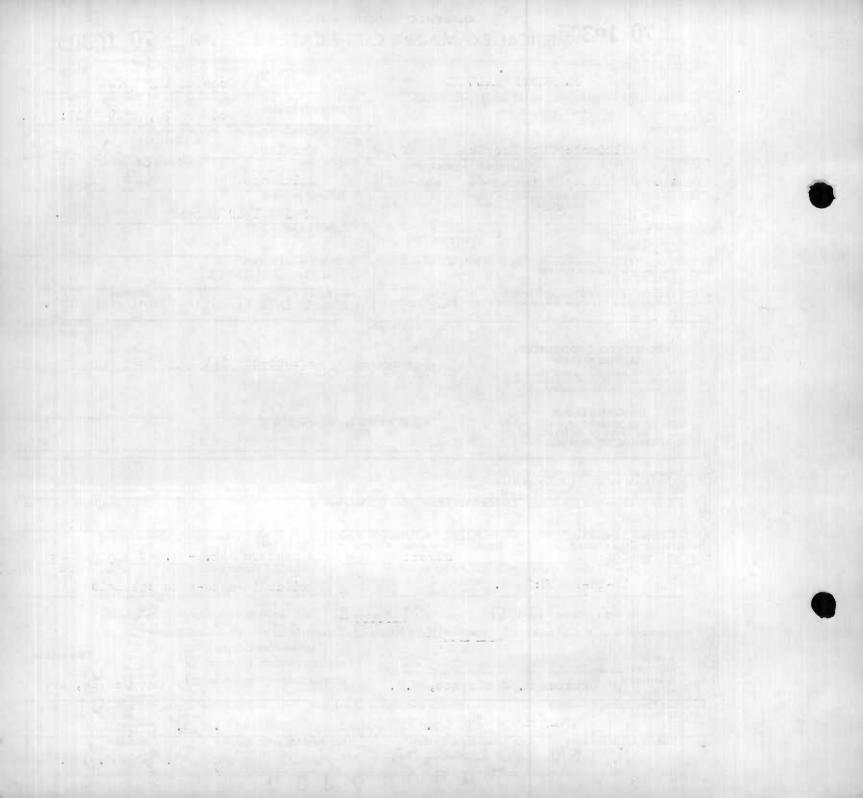


H. 455
BIRTH NO.

1. NAME OF D
(Type or Print)

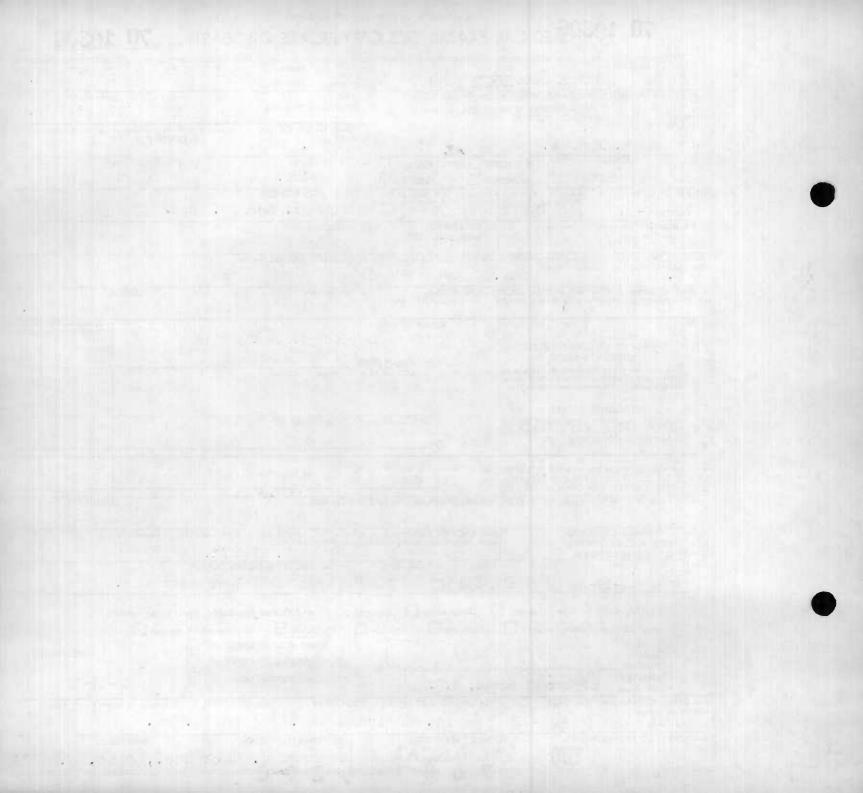
10308
2.0

BIRTH NO.									
1. NAME OF DECEASED R (Type or Print) FLORENCE HALLMAN	2. DATE Known X Month Doy Year Hour OF DEATH Estimoted October 18, 1970								
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD October 18, 1970 12:50 A _{M.}								
Baltimore City Hospital (DOA) 6. SEX 7. RACE 8. MARRIED NEVER MARRIED	S. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission) A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?								
Female White WIDOWED DIVORCED	Baltimore YES ☒ NO ☐								
9. DATE OF BIRTH 10-17-10 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Doys Hours Min.	4343XMXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?	Unkwn								
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) Bakery Bakery	Octavia Reinhart								
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) NO	Albert L Hallman 14 Masthead Crt.								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	BETWEEN ONSET AND DEATH								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)								
	Yes								
22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (ii in 8olitmore City, give exact location) 10 cause of Death. 22b. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (ii in 8olitmore City, give exact location) 10 cause of Death. street Dld Eastern Ave W. of Ann Avenue 22b. Time (Month) (Doy) (Year) (Hour) 22c. INJURY OCCURRED 22f. How DID INJURY OCCUR? (Baltimore Country (APPROX.) 10-18-70 12:24 A WHILLE AT NOT WHILE NOT									
1 certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE S.									
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)								
Burial 10-21-70 Balto. Nati	lonal Balto. Md.								
OCT 21 1970 258. NAME OF REGISTRAR	Leonard J Ruck Inc. Balto. Md.21214								
VS 151-REV. 1/1/68	0.3.6.0								



5.500

RI	70 d	LO30 MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	0 10	1306
1.	NAME OF DECEASE				2. DATE	Known 🔲	Month	Day	Year	Hour
(Ту	pe or Print)	LUTHER DE	RR THE	SAHM	OF DEATH	Estimated	10	19	1970	9:10 a.
4.	PLACE IN BALTIMO	RE, MARYLAND, Y	VHERE PRO		3. DATE		Month	Day	Yeor	Hour
HC	LL NAME OF OSPITAL INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	TUTION, GIVE STREET		UNCED DEAD	10	19	1970	9:10 a.
	10 E.	31st St.				ESIDENCE (When	e deceased i	B. COUNTY	residence	a = 0 a
6.	SEX 7. R	ACE	B. MARRIE	ED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	
r	nale wi	hite	WIDOWI	ED DIVORCED		Balto.		Y	ES 🔼	NO 🗆
9.	10-22-91	10. AGE (illost birthdo	X78	H Under 1 Yr. If Under 24 Hrs. Nonths : Days : Hours : Min.		O St. Pau	1 St.	Apt. 60		
It.	Maryland	r foreign country)	1	2. CITIZEN OF WHAT SOUNTRY?	13. FATHER	'S NAME CWN				
144	USUAL OCCUPATION	N (Give kind of work	14B. KIND	OF BUSINESS OR INDUSTR			ME			
I	eduring most of working	, ille, even il retired)	Comm.	of Motor Veh	icle	Etta D	err			
16.	WAS DECEASED EV	ER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	WANT		Al	DDRESS	
(10	Yes (II yes	WW days	or service)	SECURITY NO.	Mrs E	velyn Ro	wland	1402 0	Gates	head Rd.
	19.	X		CAUSE OF DEA	TH					PPROXIMATE INTERVAL
	DISEASE OR	CONDITION DIRE	CTLY	Multip	le blun	t force i	njurie	S	Peri	TELLY ORGET AND DEATH
	LEADI	NG TO DEATH		(A)IMMEDIATE	CAUSE					
Н	(This does not me- heart follure, asthe	on the made of dy	ing, e.g.,	DUE TO, OR	AS A CONSEC	UENCE OF:				
	injury or complicat	ion which coused dec	oth.)							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								-	
20	ONDERENING CO	DINDINON LASI.		(c)						
CERTIFICATION	TO THE DEATH B	II NT CONDITIONS CO UT NOT RELATED TO DITION GIVEN IN PA	THE TERMIN	NG IAL						
RTI				OR WHICH OPERATION W	AS PERFORA	IED			21. AUTO	PSY? (Yes or Na)
ir CE	20									yes
0	UNDERLYING OF		he 22	2B. PLACE OF INJURY (e.g., ome, farm, factory, street, offic	tn or about 2 bldg., etc.) 1	2C. WHERE DID	(if in Baltimo	re City, give exa	ct location)	
哥	UTING CAUSE C	F DEATH.		car		10 E. 31	st St.		12-	02
_	OF INJURY) (Day) (Year) (Hour)	WHILE AT THE NOT	Marks	2F. HOW DID IN		- ***		x
	(APPROX.) 10- 23.	19-70	a n	MORK AT W	WHILE X	Hit with	blunt	instrume	ent.	
	I certify th	at I held on I	nquiry 🗌	Inspection Au	topsy 🛛	and that on t	his basis,	death in my	opinion	
	resulted fr	om: Natural cou	=09	Accident Suicid	I• ☐ H	micide X	Undetermi	ned manner]	
	ACTUAL	CT.	100	1100		CHIEF MEDICAL		Н		DATE SIGNED
	SIGNATURE_	Xu	110	Villes M.D	. ASSI	STANT MEDICAL	EXAMINER	П		
	EXAMINER'S NAME (Type)	Peter I	Lipkov	ic, M.D.	ASSC	CIATE MEDICAL I	EXAMINER	20	10-19	9-70
24 RE	A. BURIAL CREMATION MOVAL (Specify) Burial	N, 248. DATE 1-22-	-70	24C. NAME of CEMETERY Balto. Nati			Balt	(City, town,	, ar county)) (Stole)
25	A. DATE REC'D BY HE			ME OF REGISTRAR		UNERAL DIRECT			DORESS	
	OCT	21 1970	T. Bas	E. Jaiber M.D.						.Md.2121
V\$	151-REV. 3/1/68	3 is ma 4	d		7 ()	2 7 0				





IMPORTANT

DIRECTOR:

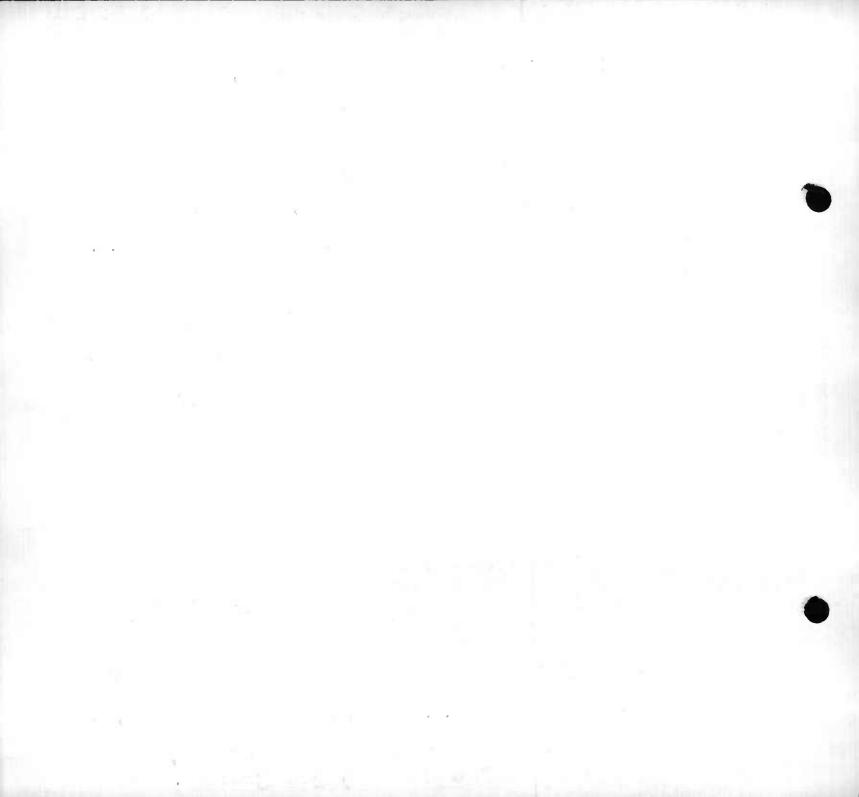
FUNERAL

NOL

(Stote)

8 HZ - C - D . .

mo 40700	BALTIMORE CITY HEALTH DEP	ARTMENT	70 4000D
70 10309 BIRTH NO.	CERTIFICATE OF D	DEATH REG. NO.	70 10309
1. NAME OF DECEASED LOUISA Lambright		Oct 17, 1970	(A) (A) (A)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD 4. USUAL RE	SIDENCE (Where deceased lived.	If institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		land	9-07
00 1739 Carswell St		IMORE ND NUMBER	YES NO
		Carswell St	
Female White WIDOWED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSH	DIVORCED TIME	lost birthdoyl	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
done during most of working life, even if relifed)	MESS OR INDUSTRA III. BIRTHPLAC	CE (State or lareign country)	12. CITIZEN OF WHAT COUNTR
Home Maker	Maryl	land	U.S.A
13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	
John H Lambright	Ros	a M Hemley	
IS. Was Deceased Ever in U. S. Armed Farces? 16.5	OCIAL 17. INFORMAN	it m nemreh	ADDRESS
No	Mr Aug	ust W Lambrigh	t 2710 Nontham
	CAUSE OF DEATH	6	t 2710 Northorn
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Co.	bul Accide	1 5 1.1
(This does not mean the made of dving, e.g.	DUE TO, OR AS A CONSEQUENCE	vul Accide	- undella
heart tailure, asthenia, etc. It means the disease, injury or complication which coused death.	DUE TO, OR AS A CONSEQUENC	JE OF:	
ANTECEDENT CAUSES	161. 6	exter Heart de	in living
DISEASES OR CONDITIONS, il ony, giving	(B) DUE TO, OR AS A CONSEQUEN		The state of the s
rise to the obove cause (A) stoting the	DOL 10) ON AD A GONDEGOEN	ice or:	
UNDERLYING CONDITION last.	(c)		***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
# TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OPERATION 20A. AUTOP	PSY? (Yes or No) 20B, IF YES, WE	RE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B CONDITION FOR WHICH WAS PERFORMED		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form elc.)	E OF INJURY (e.g., in or obout 21 C. V n, factory, street, office bldg., INJUR	WHERE DID (II in Boltin RY OCCUR?	more City, give exoct location)
	RY OCCURRED 21F. H	OW DID INJURY OCCUR?	
(APPROX.) While At Work	Not While		
22. I certify that (I) (this hospital) attended the dec		19 26 to	10/17 1070
that (I) (we) lost saw the deceosed alive an	april 22 19 76		
and haur and fram the causes stated abave. (1) (Wes	1		pinian deoth occurred on the dot
234/ SIGNATURE	(aid not) view the bady (after deoth.	DATE SIGNED
Vome 1 18 A	Attending 7	Med. Staff	23B. DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys. D	Med. Staff Director Phys.	19/1/10
NAME (Type)			1 6
Conrad L Richter I	M.D. DEGREE 3128 I	Harford Rd Balt	
KENTO VAL (Specify)	CEMETERY OF CREMATORY		(City, town, or county) (State)
Burial 10/21/70 Jeru	salem Lutheran	Pol+imer.	Messal
2SA. DATE REC'D BY HEALTH DEPT. SS. NAME OF REG	44 . A	ard J. Ruck Inc.	
11 . 1 7/ 1 196/11 E			



Hen	drikse 70	1031 (BALTIMORE	CITY HEALTH DEPA	RTABNTA TREET, C	CPNELIA	
BIRTH NO. PENCE	rikse (ornelia CERTIFI	CATE OF D	EATH REG.	No. 70 1	310
Type or Print	a Samar	T // '>	-1	2. DATE AND HOUR OF	DEATH 1/ 45	
3. PLACE IN BALTIMOR	E MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESI	DENCE (Where deceased liv	red. If institution; residence before	A M.
FULL NAME OF	F NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Md.	B. COUNTY	22-45	
FULL NAME OF II HOSPITAL OR A	DDRESS OR LOCATIO	ON)	C. CITY OR TOY	VN	D. INSIDE CITY LIMITS?)
45 Good	Samarita	TY .	Balt.i	More	YES NO]
/ J G000	Damarita	n Hosp.		ere & Loch F	Raven, Good Same	titar
5. SEX 6. RAC		MARRIED NEVER MARRIED	8. DATE OF BIRT	9. AGE IIn ye lost birthdoy		dos 24 U.s.
		VIDOWED DIVORCED	0/29/	81 03		
done during most of Working	life, even it retired)	F WIND OF BOSINESS OR INDU	STRY III. BIRTHPLA'CE	(State or foreign country)	12. CITIZEN OF WHAT	COUNTRY
Housewi:	i e		Holla	nd	U.S.A.	
	01110		14. MOTHER'S	MAIDEN NAME		
Unkno 15. Was Deceased Ever in (Yes, no or unknown) lif yes	OWN 1 U. S. Armed Forces?	1 6, SOCIAL	17. INFORMANT	nown		
(Yes, no or unknown) lif yes	, give wor at dotes of				ADDRESS	
18. 9 0 0	Vi	225-05-50 CAUSE OF D		pital Record		
DISEASE OR	CONDITION DIRECT		LAIII		APPROXIMATE BETWEEN ONSET	AND DEATH
LEADI	NG TO DEATH		CAUSE Sent	1cemia	3 day	. 5
heart joilure, asheni	on the mode of dying, etc. It means the		CAUSE DEAC	OF:	- ZHW	13-
	on which caused dea	ith.)	0			
	NDITIONS, ii any,	(B)	AS A CONSEQUENCE	umonia	3 <i>da</i>	43
ise to the above	ve cause (A) sta	ing the	CAT A	F 245	lue	
ONDERETING COR	11	(c)		1 13172	1976	
O OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING				
DISEASE OR CONDITION	ON GIVEN IN PART 1	A).				
OTHER SIGNIFICANT OF TO THE DEATH BUT IN DISEASE OR CONDITION 1994. DATE OF OPERA	WAS PERFORA	ON FOR WHICH OPERATION	20A- AUTOPS	(Yes or No.) 20B, IP YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED	
On COMPRING	UNDERLYING	21 B. PLACE OF INJURY IS	g, in or about 21C. Wi	IERE DID (If In I	Soltimore City, give exact location)	
DEATH (notify medical	l exomined	home, form, foctory, stree	, affice bldg., INJURY	OCCUR?	and a second sec	
) (Doy) (Yearl (He	out 21E INJURY OCCURRED	21F. HO	W DID INJURY OCCUR?		
IAPPROX.)		While At At W	While D			
22. I certify that (I) (this hospital) of	tended the deceased from	70 3 7	7-23 1970 to	10-19 19	10
that (1) (we) last so			19.70	ond that in (my) (Gy	Poplaton deoth occurred on	the dote
ond hour and from t	the couses stated a	bove. (1) We did (did no	t) view the body of	ter deoth.		
23A. SIGNATURE	10	0.0	A.H P		23B, DATE SIGNED	
22C BHYCICIANS	Nuss	DEGREE		d. Staff Phys.	10-19-7	0
23C. PHYSICIAN'S NAME (Type)	J. Russ	o M.D.	23D. ADDRESS			
24A. BURIAL CREMATION		DEC	REE			
REMOVAL (Specify)	10/19/70	GREENMOUNT C		24D. LOCATION	(City, town, or county)	(Stote)
25A. DATE REC'D BY HEA		Greenmount Cr	ematory	Baltimore,		
OCT	2.1 1970 2	Bas E. Jeben M.B			ADDRESS	
150-REV, 1/1/6B			THEOUSIL	n to transk D	nc. Balto. Md.	

5700 - alameda ane - apt. c

, ≅ ,

ν,

§ 9

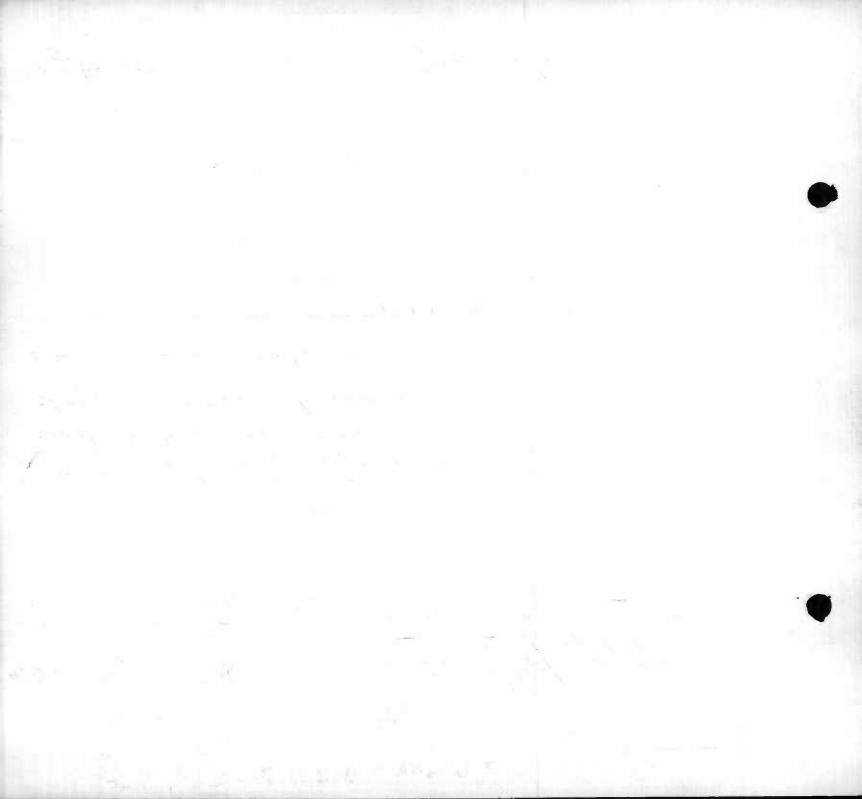
1

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68





BALTHAODE CITY HEALTH DEDAD

חקי	10314	BALTIMORE CITY HEALTH DEPARTMENT	
,,	MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	

	70 10	MEDICAL	EXAMINER'S	CERTIFICATE OF DEA	тн 70	10314
BII	RTH NO.	R Elizabe	th Comegys	SERVINICATE OF DEA	REG. NO.	
t. (Ty	NAME OF DECEASED		CONEYGS	2. DATE Known X Month OF DEATH Estimated Coctob	ooy Yes er 17, 1970	
4.	PLACE IN BALTIMORE, M	ARYLAND, WHERE P	RONOUNCED DEAD	3. DATE Month	Day Yes	or Haur
FUI	L NAME OF (IF NO		TITUTION, GIVE STREET	PRONOUNCED DEAD Octob	er 17, 1970	5:46 A. M.
		eran Hospit	al (DOA)	A. STATE Maryland	B. COUNTY	ice before odmission)
6.	SEX 7. RACE	8. MARI	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMIT	rs?
	Female Ne	gro widow		Baltimore	YES 🗆	№ □
9. 1	ATE OF BIRTHI	10. AGE (In years lost birthdoy)	If Under I Yr. II Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER		NO LJ
11	DIDTURE ACE/Co.	55		1130 Mc Kean Av	enue	
11.	Maryland	gn country)	U.S.A.	Joseph Jones		
I4A	USUAL OCCUPATION (GI	ve kind of work 148. KINE		15. MOTHER'S MAIDEN NAME		
2011	Housewife	ven itreffred)		Moniga Jones		
16.	WAS DECEASED EVER IN	U.S. ARMED FORCE	S? [17. SOCIAL	III. INFORMANT	ADDRESS	
	no	wor or dotes of service		0.00	130 MC Kear	n Ave.
	19. 4/2 41	1 250.0	CAUSE OF DEAT	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONE		Arterios	sclerotic cardiovascul		Elitable of the Paris Deville
	LEADING TO		(A)IMMEDIATE C	AUSE		
	(This does not mean the heart failure, osthento, et injury or complication whi	c. It means the disease,	DUE TO, OR A	S A CONSEQUENCE OF:		
	ANTECEDENT	CAUSES	(m)			
	DISEASES OR CONDITI	ONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:		
z	UNDERLYING CONDIT	ION LAST.	(c)			
임		11				
CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	RELATED TO THE TERM	INAL DIA	betes mellitus		
ERT	20A. DATE OF OPERATIO	N 208. CONDITION	FOR WHICH OPERATION WA	S PERFORMED	21. AU	JTOPSY? (Yes or No)
	0					No
MEDICAL	22A. EXTERNAL CAUSE UNDERLYING OR CON		228-PLACE OF INJURY (e.g., home, farm, factory, street, office	in or about 22C, WHERE DID (II in Baltimo	ore City, give exact locatio	n)
9	UTING CAUSE OF DEA			and and an analysis of the second		
2	22D. TIME (Month) (I OF INJURY (APPROX.)	Day) (Year) (Hou	WHILE AT NOT	22F. HOW DID INJURY OCC	UR?	
	23.		m. WORK L AT W	UAN []		
	I certify that I h			apsy and that on this basis,		
	resulted fram: N	latural causes	Accident L Suicid		ned manner	
	ACTUAL	leade	dist	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	X	DATE SIGNED

SIGNATURE **EXAMINER'S** Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify)

ASSOCIATE MEDICAL EXAMINER

24D. LOCATION

A. Rice

(Slote)

October 17, 1970

10/21 Burial Mt. Calvery 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR

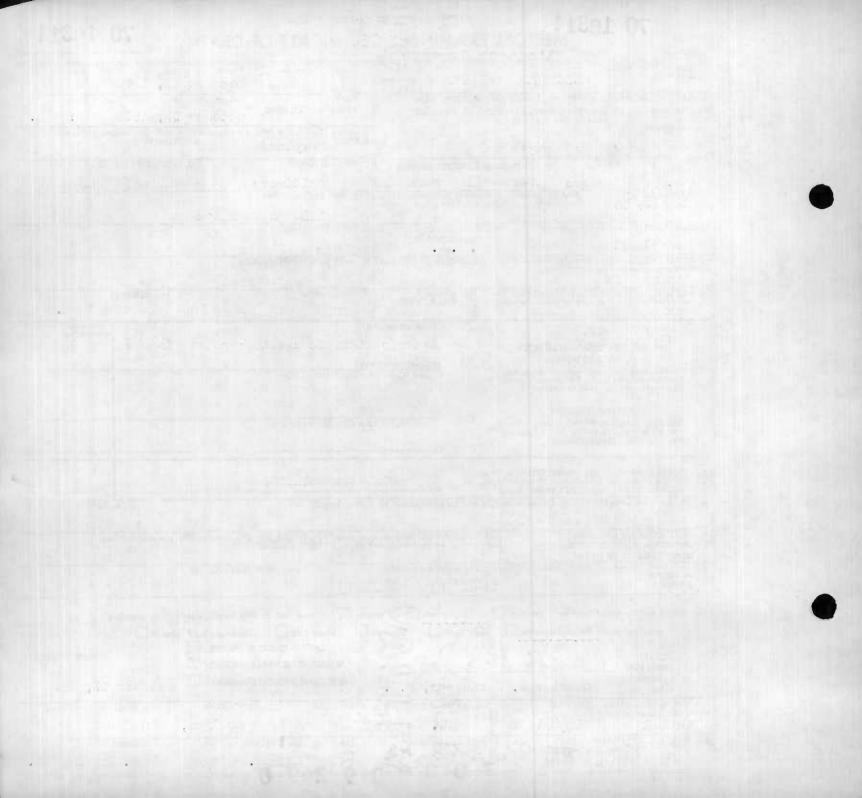
661 W. Barre St.

VS 151-REV, 3/1/68

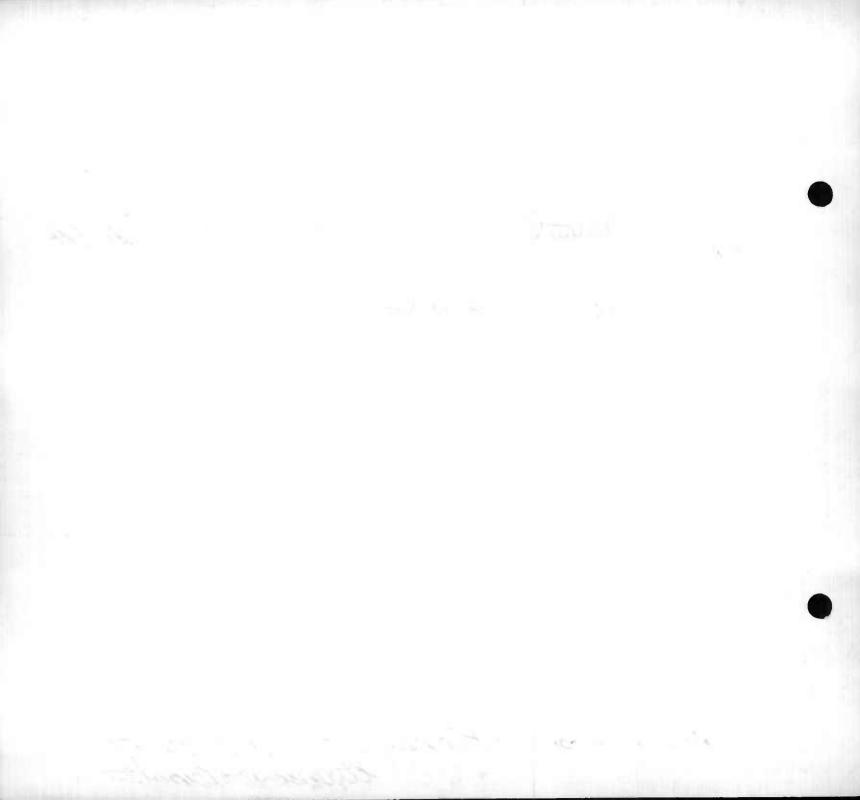
ADDRESS

(City, town, or county)

Brooklyn, Maryland



VS 150-REV. 1/1/68

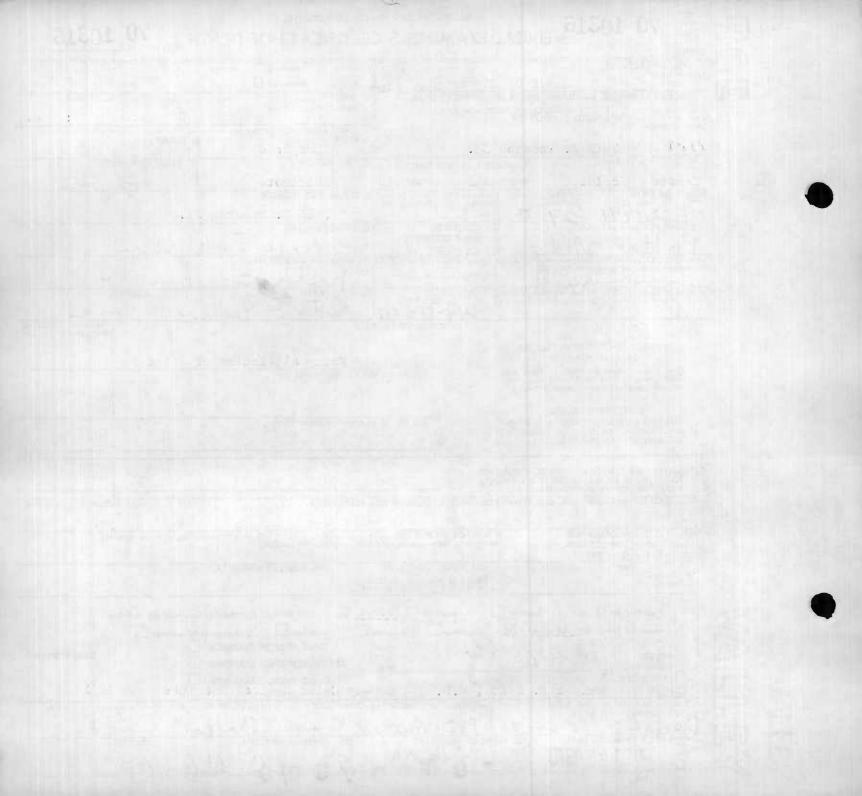


5.200 70 10316 W. 425 BIRTH NO.

1. NAME OF DECEASED
(Type of Print)

	MALIMORE CITT HEALTH			2010	
MEDICAL EX	AMINER'S CER	TIFICATE C	OF DEATH	REG. NO.	10316

NAME OF DE	CEASED		4	2. DATE	Known 🔯	Month	Doy	Year	Haur	
Type or Print)	Milda	red Dig	es R. Wills	OF DEATH	Estimoted					
PLACE IN BAL	TIMORE, MARYLAND, Y	VHERE PRONC	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М.
ULL NAME OF	(IF NOT IN HOSPITA				UNCED DEAD					
OSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)				10	20	70	9:00	а.м.
K INSTITUTION				5. USUAL R	ESIDENCE (Where	e deceosed li		on: residence l	efore admis	sion)
00	2413 E. Pre	eston St			Maryland		B. COUNTY	8.	.33	
SEX	7. RACE		NEVER MARRIED	C. CITY OR			ID. INSIDE	TTY LIMITS?	To start	
c 1	1 1		_					a.J	_	
female	colored	WIDOWED L			altimore		1	YES L	NO L	
DATE OF BIRT	H 10.AGE (In	yeors If Ur	der I Yr. If Under 24 Hrs. hs Days Hours Min.	E. STREET	AND NUMBER			7		
toh. 22.1	941 100	28.		2	413 E. Pr	eston	St.			
BIRTHPLACE (stole or foreign country)	12. 0	ITIZEN OF	13. FATHER		00 0011				
Ro IL	Md		HAT COUNTRY?	.97	-	EI	110			
171711	0. /19.		resit.	5	Corge	L (V	UILS			
IA.USUAL OCCU	PATION (Give kind of work working life, eyen il retired)	148. KIND OF	SUSINESS OR INDUSTRY	115. MOTHE	R'S MAIDEN NAI	ME	:1 1			
Lange	anne l	n	- l	I K	. Ih.	F.	1+06	mes		
WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFORM	MANT			DDRESS		
es, no grunknown	(if yes, give wor or dotes	of service)	SECURITY NO.	1	TIE	1 1		G A		
100			214-38-0796	Mu	Nh GI	TNOUR	se-	San	و	
19. 57	1,81		CAUSE OF DEA	TH					PROXIMATE IN TEN ONSET AL	
DISEAS	E OR CONDITION DIRE	CTIV						0.111	EII ONGLI M	TO DESIII
	E OR CONDITION DIRECT	CILT		77 - 4	1		£ 13			
		Ing. e.g.			ty altera	tion o	I liver			
heart follure	ot meon the mode of dy osthenia, etc. It meons the	disease,	DUE IO, OK	AS A CONSEQ	UENCE OF					
injury or con	nplication which caused dec	in.)								
A.	NTECEDENT CAUSES		4.4							
		CIVING	(B) OUE TO OR	AS A CONSEC	DUENCE OF					
RISE TO THE	OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STATE	ING THE	DOL 10, OK	AS A COMBE	ROENCE OF					
UNDERLYIN	NG CONDITION LAST.		(c)							
<u> </u>	- 11									
OTHER SIGN	IIFICANT CONDITIONS CO	NTPIRITING								
2 TO THE DEA	ATH BUT NOT RELATED TO	THE TERMINAL								
	CONDITION GIVEN IN PA		-							
ZUA. DATE OF	OPERATION 208. CON	NDMON FOR	WHICH OPERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
. 7								ve	S	
22A. EXTER	NAL CAUSE WAS	228. P	LACE OF INJURY (e.g.,	In or obout 2	C. WHERE DID	(If in Baltimor	e City, give ex			
	OR CONTRIB-	home	form, factory, street, office	bidg., etc.) il	WURY OCCUR?			act rocaliony		
	USE OF DEATH.									
OF INJURY	(Month) (Doy) (Year		E'INTAM OCCUSSED		2F. HOW DID IN.	JURY OCCU	JR?			
(APPROX.)		m. W	HILE AT NOT AT W	WHILE						
23.		110-111	ORK LI AIT	OKK LII						
1 cert	ify that I held on I	ngulry 🔲	Inspection Aut	topsy X	and that on th	de baete	double to my	antatan		
								_		
result	ted from: Na <u>tural cau</u> :	50% P	cident Suicid	e L Ho	micide 📙 I	Undetermi	ned manner			
	11000	1141			HIEF MEDICAL E	XAMINER				
ACTUAL	" I www	MI	1	ASSIS	STANT MEDICAL E	XAMINER			DATE SIGN	ED
SIGNATO			M.D.							
NAME (T		Spiles	M D Do	ASSO Duty Ch	CIATE MEDICAL E	XAMINER	minor	10	/20/70	
4A. BURIAL CREA										
EMOVAL (Special	TY)	240	NAME of CEMETERY	or CREMATO	KT 240.	LOCATION	(City, tow	n, or county)	(Stote	•}
Burin	10-24	-70	Mt. A.hi	and Ga		Sold		-	2	. 8
	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C E	UNERAL DIRECTO	20	0.	DDBECC	~	
(OT 0 1 1070	Page & E	7. 0. 20	230. 1	OHERME DIKECIC		' /	DDRESS		
	ALT DIA	المن المنافقة	Jaber M.D.	51	D. mary	, [,]	10.	600		
151-REV. 1/1/68		7 7	- U - U - C - C - C) /	3 10 0 0		1	000		
, . , . ,					7.00					0



70	1031	-
	Contract or section	

		o Tuc	MED	ICAL	EX	AMINE	R'S	CERT	IFIC	CATE O	F DI	EAT	H REG. NO	D	LUOI	6
T.	NAME OF DEC	EASED						2. DAT		Known 🔲	М	onth	Day	Year	Hour	
				ALLE				DEA	TH	Estimated						М.
4.	PLACE IN BAL	IIMORE MA	RYLAND W	HERE PR	ONOU	MEED TO E AE	FF	3. DAT	_	NCED DEAD		onth	Doy	Year	Haur	
FU	OSPINAL OR THE HOURS ASPIAL OR INSPANTAL EMISSEE L							PRO	JINOUI	NCED DEAD	10)	18	1970	111:5	8 am.
OR	OR INSTITUTION 6-21-11									SIDENCE (WI	here dece	eased li		ion: residence b	efore admi	ssion)
1	615 E. Biddle St.							A. STA		Md.			B. COUNTY	10	-04	
6.	6. SEX 7. RACE 8. MARRIED NEVER MARRIED							C. CITY	Y OR 1	OWN			D. INSIDE	CITY LIMITS?	10	
	female	Negro	0	WIDOW	ED 🗆	DIVO	RCED		P	Balto.				YES &	No 🗆	
9.	DATE OF BIRTI		10. AGE (In	yeors	If Unde	r 1 Yr. II Unde	er 24 Hrs.			ND NUMBER						
	11-15-	14%	last birthday		Months	Doys Hou	rs Min.		15 F	. Bidd1	la St					
115	BIRTHPLACE (S	itate or farely			12. CITI	ZEN OF				NAME	re pr		1 -			
1	luci.			36	Vy+)	AT 96 UNITR	143	17,	111	Oli Nac	1	-	uno			
144	USUALOCCU	PATIONIGIN	e kind of work	4B. KIND	OF BU	SINESS OR I	NDUSTR	Y 15. MC	OTHER'	'S MAIDEN N	VAME	100	1			
don	e during mast of	yorking life, ev	en if retired)	0					A. A	1016	K	A	f-			
17	WAS DECEAS		120CF	EORCES	2 117	7. SOCIAL		148. INI	EODM.	ANI	pe	14		ADDRESS		
(Ye	WAS DECEAS s, no or unknown)	(If yes, Tye	vor or deles	of service)		SECURITY	No.	24	eli	lean	de	ave		ADDRESS		
	19. 1- 9	200	è			CAUSE	OF DEA	TH		V-1					PROXIMATE I	
	DICEAC	50000000	MON DIDE	TIV.										Joe 1 VI	ELIT OITOLI P	NA DENI
		E OR COND LEADING TO		JILT		4.01111	UEDIATE A	CALICE	Alci	ohol an	d 11	bri	m into	xicatio	n	
1	(This does n	of meon the	mode of dy	ng, e.g.,		(A)IM/	ETO, OR	AS A COL	NSEQU	JENCE OF:						
	heart tollure	, osthenia, etc nplication whi	. It means the ch coused dec	disease,												
ı																
Н		NTECEDENT		CIVING		(8)	F TO. OR	AS A CC	NSFO	UENCE OF:						
Н	RISE TO THE	OR CONDITION	USE (A) STAT	ING THE			e loj ok	A. A. C.	711004	ocition of						
Z	UNDEKLYIN	NG CONDITI	ION LAST.			(c)										
CERTIFICATION			11													
15	OTHER SIGN	ATH BUT NOT	NOITIONS CO	ONTRIBUT THE TERMI	ING											
旧	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)-		-										
H.	20A. DATE OF	F OPERATION	1 208. CON	IDITION	FOR W	HICH OPERA	M MOITE	AS PERF	ORME	D				21. AUTO	PSY? (Yes	or No)
12														yes	3	
IS	22A. EXTER	NAL CAUSE			228. PLA	CE OF INJ	URY (e.g.,	in or ob	out 22	C. WHERE D	ID (If in	Boltimo	re City, give	exoct location)		
là.	UTING CA				nome, i	Home	meet, on	es pidg., e		3041 0000		5 E		e St.		
Σ		(Month) (D) (Hour) 22E.	INJURY OC	CURRED		22	F. HOW DID	INJURY	OCC	UR?			
	(APPROX.)	Unkno	um		m. WHI	LE AT	NOT AT V	WHILE D	ৰ S	Subject	inge	este	d alcoh	nol and	libri	um
	23.	OLIMANO	V V V					TORK 2								
П	1 cert	ify that I h	eld on 1	nquiry [] 1	nspection	Au	topsy	ζ.	and that o	n this i	basis,	death in m	y opinion		
	resul	ted from: N	latural cau	ses 🗇	Acc	Ident 🗌	Suich	de 🛛	Hor	micide 🗌	Und	etermi	ned manner			
			-1	/					C	HIEF MEDICA	AL EXAM	AINER				
	ACTUAL		XL	110	11	111	1		ASSIS	TANT MEDICA	AL EXAM	AINER			DATE SIG	NED
	SIGNAT		1294	Ja	20		XW.	٥.	ASSO	CIATE MEDICA	AI EYAN	AINER	X			
	NAME (1		Peter	Lipko	ovic	. M.D.			~550	CINIC MEDIC	ric Eroni	1014614		10-19	-70	
	A. BURIAL CRE		48. DATE			NAME of C	EMETERY	or CRE	MATO	RY 2	4D, LOC	ATION	City, to	wn, or county		gie)
RE	MOVAL (Speci	ty)	11. 00	ni	1	2. 11.	De l	. /	n. I		0	11/1	H		5-10	
25	A. DATE REC'D	BY HEALTH	DEPT	259 N	AME O	E PEGISTRA	1111		25 C. P	UNERAL DIRE	ECTOR	ce	W.	ADDRESS	1100	
23	A. DAIC REG D	OCTO	1 1070	7.0	A C	Jaiber	MD	í	0	S /	1		0	ADDRESS #1	, ,	
		5616	TINA	1000	45,	0 0	-	1	14	Johl	sa	10	2/2/	untty	1/2	1
VS	151-REV. 1/1/6	N. 9	79	,4	+	118	~ () 7	U	0				7		1

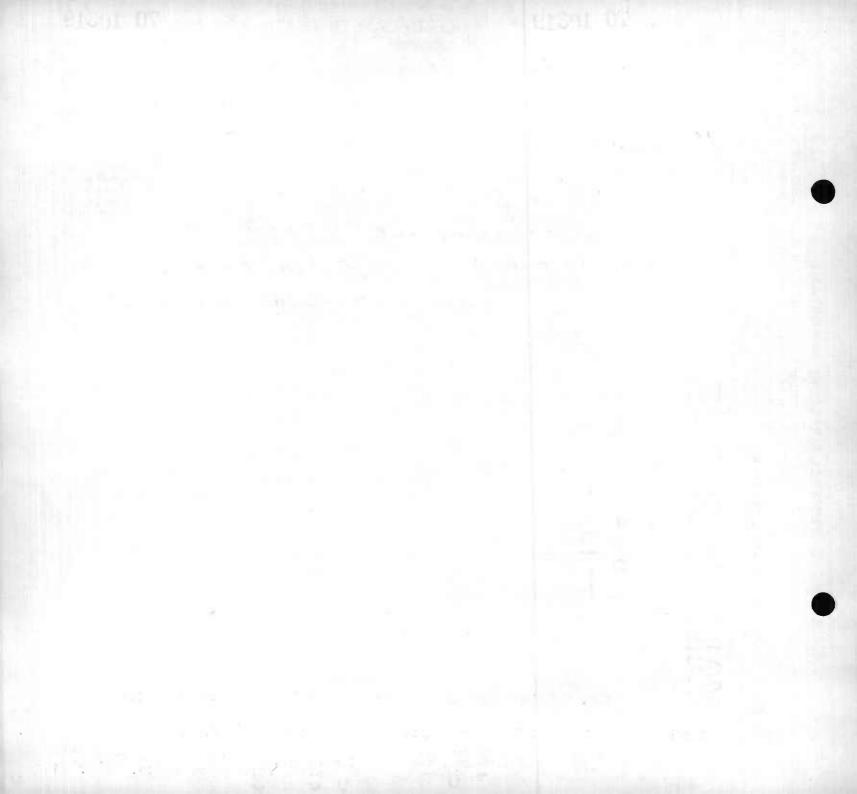
Letter from M.E.'s office 1-4-71 M.H.

Letter from M.E.'s office 6-21-71 M.H.

Letter from M.E.'s office 6-21-71 M.H.

Letter from M.E.'s office 1-4-71 M.H.

THE ST OFF PERSON Sille. BAIT NONE Lincoln Memorial Yes Home 277 Carev Street P-25-1911 59 MAIS NEGRO Place Destable www.nynat 25 - 1725 many Lovie Lune 1-Home a sta like to Cal



ACTUAL SIGNATURE

EXAMINER'S

NAME (Type)

24A. BURIAL CREMATION,
REMOVAL (Specify)

VS 151-REV. 7/1/68 -

25A. DATE REC'D BY HEALTH DEPT.

248. DATE

Charles S. Springate, M.D.

258 NAME OF RECEIVER

24C. NAME of CEMETERY OF CREMATORY

(Type or I	OF DECE	ASED	HOMER		RAZIER	MINER'S (2. DATE OF DEATH	Knawn 🔯 Estimated 🗀	Month	er 18,	Yeor	Hnur
4. PLACI FULL NAM HOSPITAL OR INSTIT	IE OF	(IF NO	TIN HOSPITA	L OR INS				UNCED DEAD		Doy er 18,		2:10 A.
00	1		Hilton	n Str	eet		5. USUAL R A. STATE	Maryland		B. COUNT	lian: residence	before odmission)
6. SEX		7. RACE		8. MARI	RIED ME	VER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS	?
Mal		Neg		WIDOV	WED 🗌	DIVORCED		Baltimon	e		YES X	NO 🗆
Dan	DATE OF BIRTH Jan 3 1897 10. AGE (In years Funder 1 Yr. II Under 24 Hrs. Months Days Hours Min.						E. STREET	165 S. H	Hilton	Street		
HA	WKIN	ISUIL	country)		12. CITIZEI	SUNTRY?	13. FATHER	11 7n		en		
donadurin	L OCCUPA g most of wor	rking life, ev	eo/firetired}	48. KINE		ESS OR INDUSTRY		R'S MAIDEN NA	ME			
Yes, no or	unknown) (I	EVER IN	U.S. ARMED	FORCE	S? 117. S	OCIAL ECURITY NO.	18, INFOR	MANT,			ADDRESS	1.
19.	112	.4		_2		CAUSE OF DEA	100	vayete	A 3151	2/65		APPROXIMATE INTERV
(Thi	DISEASE LE	OR COND ADING TO meon the sthento, etc.	TION DIREC	ITLY		CAUSE OF DEA Arterios	in cleroti	ic cardiov			SET	
(Thi head to just the state of	DISEASE LE is does not int foilure, o rry or comp ANT SEASES OR E TO THE	OR CONDI	TION DIRECT DEATH made of dyl it meons the h coused deo	ing, e.g., disease, ih.)	17-0	CAUSE OF DEA Arterios (A)IMMEDIATE C DUE TO, OR A	TH cleroti	c cardiov			SET	APPROXIMATE INTERVA
(Thi head to just the state of	DISEASE LE is does not int follure, or ory or comp ANT SEASES OF E TO THE J DERLYING	OR CONDI- ADING TO meon the sthenta, etc. lication whice ECEDENT (CONDITIONAL ECONDITIONAL ECANT CONDITIONAL ECANT CONDITIONAL ECANT CONDITIONAL ECANT CONDITIONAL ECANT CONDITIONAL ECANT CONDITIONAL	TION DIRECT DEATH made of dyl. It means the the coused dea CAUSES DNS, IF ANY, ISE (A) STAT ON LAST. II IDITION'S CORRELATED TO	CTLY Ing. e.g., disease, ih.) GIVING ING THE	IING	CAUSE OF DEA Arterios (A)IMMEDIATE O DUE TO, OR A	th cleroti cause as a conseq	c cardiov			SET	APPROXIMATE INTERVA
(Thi head to just the state of	DISEASE LE IS does not int foilure, o ory or comp ANT SEASES OR E TO THE / IDERLYING HER SIGNIF THE DEATI THE DEATI EASE OR C	OR CONDI- ADING TO meon the sthenla, etc. lication while CCONDITION ABOVE CAI CONDITION CICANT CONDITION CICANT CONDITION ONDITION	TION DIRECT DEATH mode of dyl. it meons the h coused deo CAUSES DNS, IF ANY, ISE (A) STATON LAST.	CTLY Ing. e.g., disease, th.) GIVING ING THE ONTRIBUT ONTRIBUT RT 1 (A)	TING	CAUSE OF DEA Arterios (A)IMMEDIATE C DUE TO, OR A	Cleroti Cleroti AUSE AS A CONSEQ	C cardiov			ase	APPROXIMATE INTERVI WEEN ONSET AND DE
IS. (This can be seen a	DISEASE LE IS does not int foilure, o ry or comp ANT SEASES OR E TO THE THE DEATI THE DEATI THE DEATI THE DEATI THE DEATI THE OF C EXTERN ERLYING	OR CONDI- ADING TO meon the sthenla, etc. lication while CCONDITION ABOVE CAI CONDITION CICANT CONDITION CICANT CONDITION ONDITION	TION DIRECT DEATH mode of dyl. it meons the h coused deo CAUSES DNS, IF ANY, ISE (A) STATON LAST. II DITIONS CORRELATED TO GIVEN IN PA	CTLY Ing. e.g., disease, th.) GIVING ING THE ONTRIBUT ONTRIBUT RT 1 (A)	TING INAL FOR WHICH	CAUSE OF DEA Arterios (A)IMMEDIATE C DUE TO, OR /	Cleroti Cause AS A CONSEG AS A CONSEG S PERFORM	C CARDION QUENCE OF: QUENCE OF:	ascula,	r dise	ase ser	APPROXIMATE INTERVI WEEN ONSET AND DE

ASSISTANT MEDICAL EXAMINER

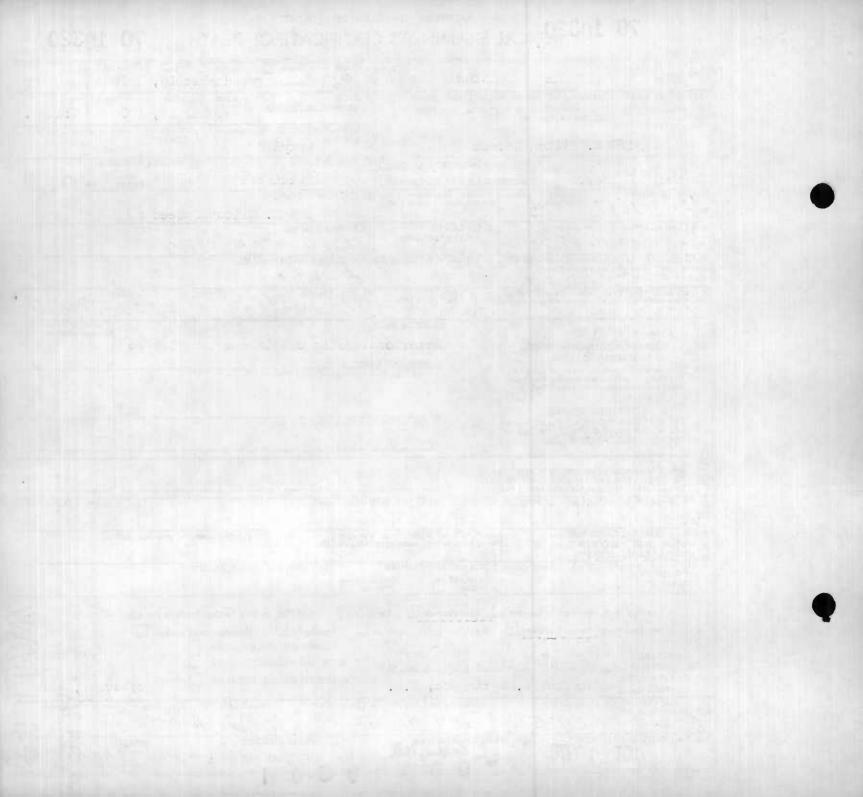
ASSOCIATE MEDICAL EXAMINER

DATE SIGNED

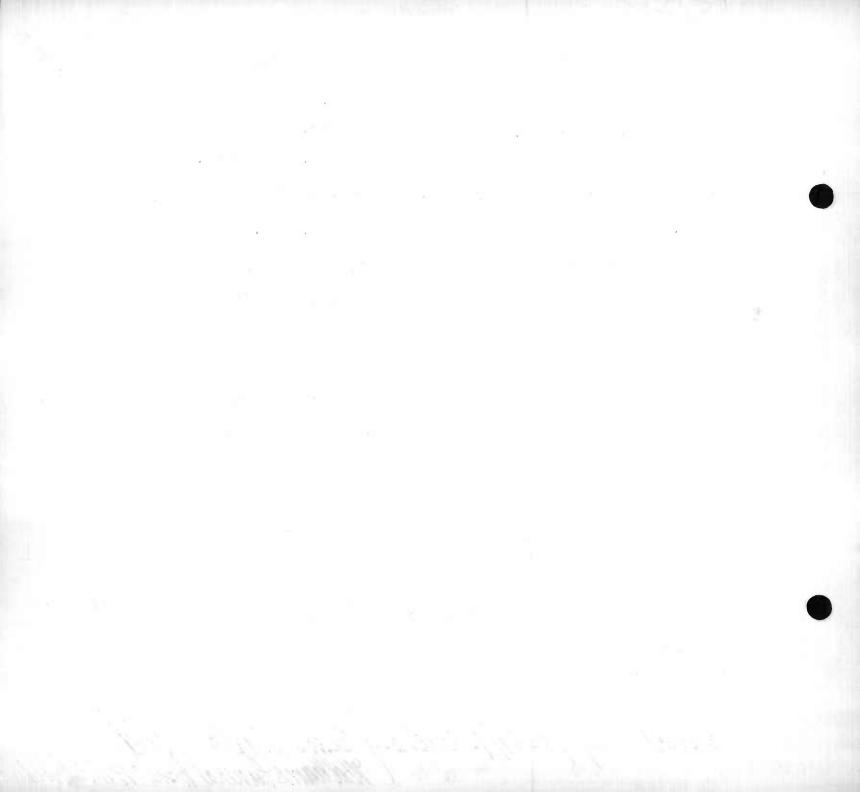
October 18, 1970

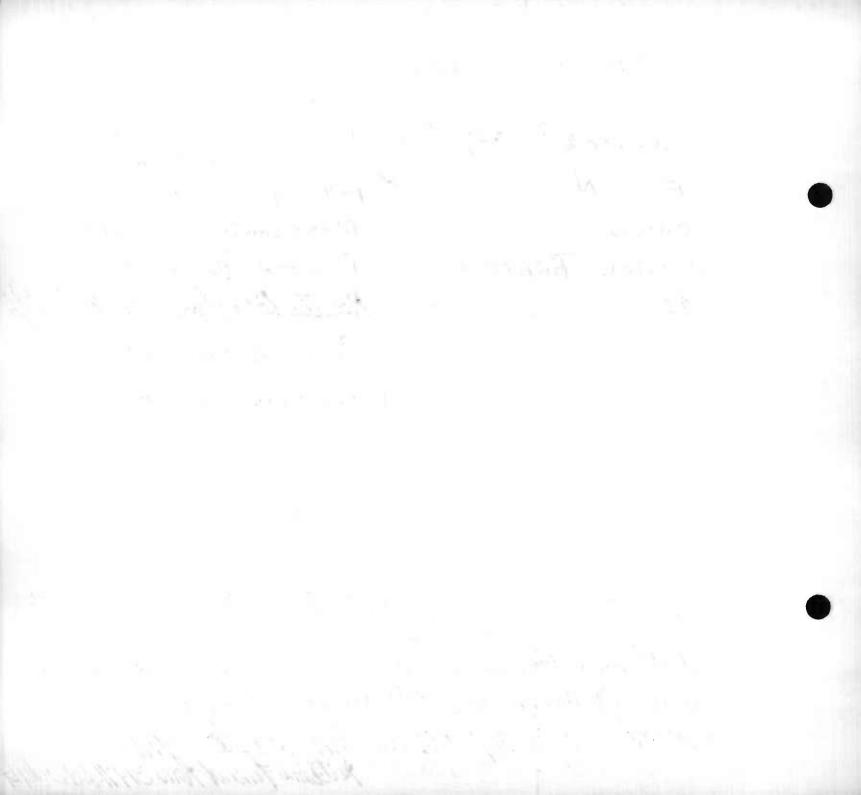
m 638 mf 12 mm St

240. LOCATION (City, town, or county)

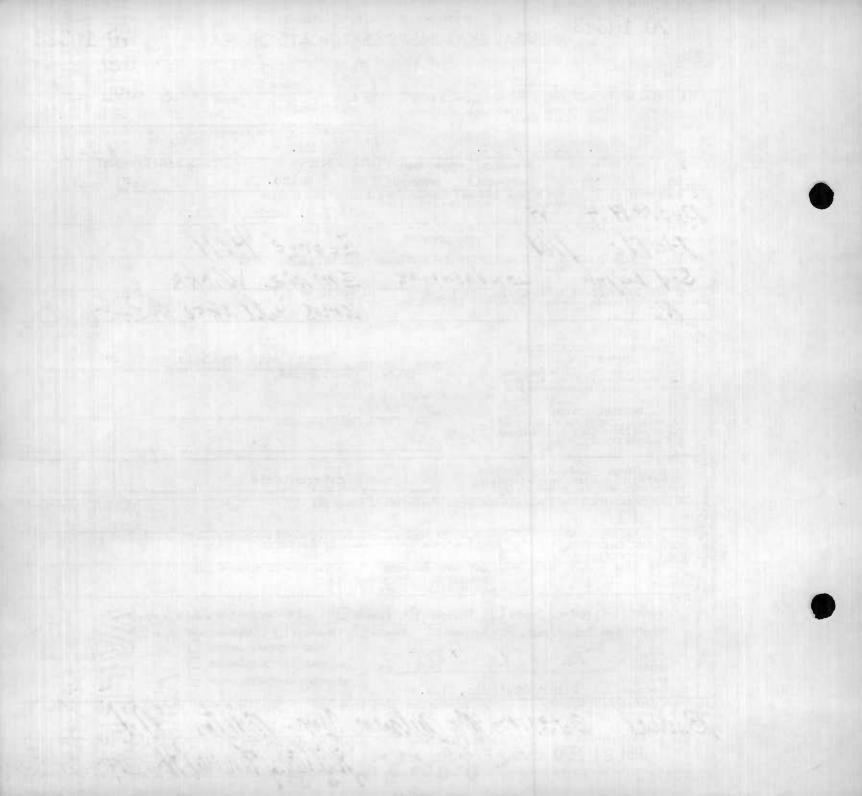


920	50		BALTIMORE CIT	Y HEALTH DEPARTMENT		WO 4 . 004				
BIKIH NO.	0 10321		CERTIFICA	TE OF DEATH	REG. NO	70 10321				
1. NAME OF DEC	Hattie	Gassawa	у	2. DATE AF	16,1970					
3. PLACE IN BALL FULL NAME OF HOSPITAL OR INSTITUTION	ITMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe A. STATE B. COUN Md.	ere deceosed lived. II i	institution: residence before odmission of the company of the comp				
00249	N. Monroe	St.		Balte. Balte. VES NO DE LINGUE CHY LIMITS / NO DE LINGUE CHY LIMITS						
5. sex Fomale	6. RACE Colored	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Aug.5,1897	9. AGE (In years lost bighthoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.				
Domest:	1 C	108, KIND OF BI	USINESS OR INDUSTRY	Balte. Md.		12. CITIZEN OF WHAT COUNT				
Henry 1	Peterson			Olivia Monok						
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed For- lif yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT	1702 N. F	ADDRESS Payson St.				
DISEASES OF SISSE TO THE DEAT	ashenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last II ICANT CONDITIONS CON H BUT NOT RELATED TO THE	death.) Iny, giving slating the	/ .	bral Hemmi A CONSEQUENCE OF: LUMVE Cardy	hage the	WEEK Us. Unlower				
19A. DATE OF	OPERATION 198 CONI WAS PERF	ORMED	CH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?				
OR CONTRIBU	TING CAUSE OF medical examiner	21 B. PL. home, etc.)	ACE OF INJURY (e.g., I form, foctory, street, o	n or obout 21 C. WHERE DID	(If In Baltimo	re City, give exact location)				
21D.TIME OF INJURY (APPROXI	(Month) (Doy) (Year)	(Hour) 21E IN While Work	At Work	21F. HOW DID INJ	URY OCCUR?					
that (1) (we)	that (I) (this hospital) last saw the decease	dalive on	ct 15,	19 <u>70</u> and the	•	nlan death occurred an the do				
23A. SIGNATU	and H. He	ed abave. (1) (1)	DEGREE Atte	Director L	Staff Phys.	23 B. DATE SIGNED				
NAME ITY	AAJION, 1248, DATE	Her NT	DEGREE	23D. ADDRESS 1607W.Mo MATORY 24D. LC	CATION / IC	St. Spender corunity) (Stote)				
BULLAS 25A. DATE REOD	BY HEALTH DEPT	25B. NAME OF	Calvar	25C, FWNERST DIRECTOR	ello.	ADDRESS,				
/S 150-REV. 1/1/6	N =	Bert E. Ja	Dey Tien	MISCULLINES YE	MILLAI NO	1911. Solvola				





	70	1032	್ MED	ICAI	L EX	AMINER'S	CERTIF	CATE	OF	DEAT	Н	70	10323
BI	RTH NO.								•		REG. NO	0	21,0100
	NAME OF D		1C CALL	AN H	ILL		2. DATE OF	Known Estimote		Month	Doy	Year	Hnur
4.	PLACE IN B	ALTIMORE, MA	RYLAND, W	HERE P	RONOU	NCED DEAD	DEATH 3. DATE			Month	Day	Yeor	Hour M.
FU	LL NAME OF SPITAL INSTITUTION					I, GIVE STREET	PRONC	UNCED DEA		10	18	1970	12:05 P _M
1527 W. Lexington St.								Md.	(Where	deceosed li	B. COUNTY		perore admission)
6.	SEX	7. RACE		8. MARI	RIED 🗌	NEVER MARRIED	C. CITY O	RIOWN			D. INSIDE	CITY LIMITS?	
1	male	Negi	ro	WIDON	WED 🔲	DIVORCED [Balto	•			YES 🖺	NO O
1	Dec. &	8,1924	10. AGE (In lost birthday	7	If Unde Manths	r 1 Yr. If Under 24 Hrs. Days Haurs Min.		W. Le	176	gton S			
Ti.	BIRTHPLACE	(Stote/or foreig	n country)	/		ZEN OF AT COUNTRY?	13. FATHER	O HOE	2	4:1	/		
144	USUAL OCC	UPATION (GM	a kind of work	48. KIN	OF BU	SINESS OR INDUSTR	15. MOTH	R'S MAIDEN	NAN P	E	-		
don	1. DO	Layer	en if refired)	Lmi	nds	caping	Ex	nma	>	11/18	to		
16.	WAS DECEA	SED EVER IN	U.S. ARMED	FORCE	S? []	7. SOCIAL	18. INFOR	MANT		VVIC		ADDRESS	1
(Ye	s, no or uninav	(If yes, give w	vor or dotes o	of service	")	SECURITY NO.	Am	M W	://	280		1000	11.10
	19. /	171	-011	0		CAUSE OF DEA	TH	NS /14	M	00 C	0119	LUNIVI G	PROXIMATE INTERVAL
1		1.0	011	. 7								BETW	EEN ONSET AND DEATH
	DISEA	LEADING TO		TLY			F	attv m	etan	norpho	sis of	liver	
	(This does	not meon the	mode of dyl	ng, e.g.,		(A) IMMEDIATE O	AUSE		CLUI	- Pito	010 01	11001	
	Injury or c	re, asthenia, etc. omplication whic	. It means the th caused dea	disease, th.)									
		OR CONDITION		CIVING		(B) DUE TO, OR	AS A CONSE	OHENCE OF					
	KISE TO I	HE ABOVE CAL	USE (A) STAT	ING THE		552 10, GA	A CONSE	ADEILOF OF	•				
Z	UNDEKLI	ING CONDIII	ON LASI.			(C)							
Ĕ	02162 616		11										
CERTIFICATION	DISEASE O	EATH BUT NOT DR CONDITION	RELATED TO T	RT I (A)	INAL			erculo	sis				
ER	20A. DATE	OF OPERATION	1 208. CON	DITION	FOR WI	HCH OPERATION WA	S PERFORA	NED		14		21. AUTO	PSY? (Yes ar No)
0	0												no
EDICA	UNDERLYIN	RNAL CAUSE IG OR CONTACT	TRIB.		228. PLA home, fo	CE OF INJURY (e.g., rm, lactory, street, affici	In ar about a bldg., etc.)	2C. WHERE NJURY OCC	DID (I	f in Baltimor	e City, give e	xact location)	
	22D. TIME		ay) (Year)	(Hau	r) 22E.	INJURY OCCURRED		2F. HOW D	ID INI	URY OCCI	1P2		
	OF INJURY (APPROX.)				,	EAT NOT	WHILE			ORT OCC	JK1		
	l ce	rtify that I he		quiry [opsy 🗌	and that	on thi	is basis,	death in m	y opinion	
	resu	Ited from: No	atural cous	es X	Acci	dent Suicid	• 🔲 H	omicide 🔲	บ	ndeterml	ned manner		
	ACTUA		ZI.	1,	15	1/1		CHIEF MEDI	CAL EX	AMINER			DATE CLOSUED
	SIGNA		24	N	OV	MUCH MID	ASSI	STANT MEDI	CALEX	AMINER			DATE SIGNED
	EXAMI NAME	(Type)	Peter	Lipk	ovic	, M.D.	ASSC	CIATE MEDI	CAL EX	AMINER	x	10-	19-70
24/ RE	A. BURIAL CR	EMATION, 2	48. DATE		24C.1	NAME OF CEMETERY	or CREMATO	RY	24D. L	OCATION	(City, 160	proyety)	(Stote)
1	3/1/11	7/	Ont. 2	1797	2 91	A (Allas	M 11	un.	13	11/2	. 4	14	
25/	A. DATE REC'	D BY HEALTH D	DEPT.	25B. N	AME/OI	REGISTRAR	250	FUNERAL DI	RECTO	uso.		ADDRESS	
	(OCT 21	1970	abert	25.4	aben Ma	9//	Minn	49	in the	y/ Hon	0,3199	1 Copsored
VS	151-REV. 3/1/	68		1			7 -4	24110	1	7700	7-1-11	1//	THE WAY



10324	BALTIMORE CITY HEALTH DEPARTME

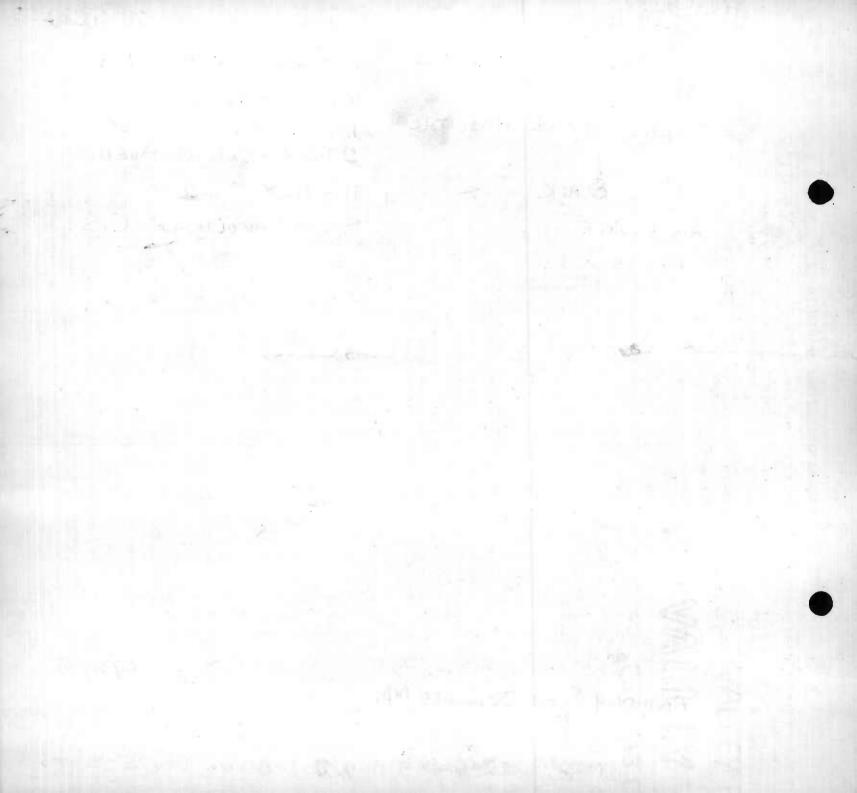
MEDICAL EXA	MINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	70	1032	24	
1. NAME OF DECEASED (Type or Print)		2. DATE	Known 🖾	h1 1		W.			
(Type or Print) Graham Farrar				Month	Day	Year	Hour		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			Estimated					M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)		3. DATE	INCED DEAD	Manth	Day	Year	Hour		
		Indition	NICED DEAD	10	20	70	2:30	а. м.	
OR INSTITUTION			5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)						
City Hospitals		A. STATE Maryland B. COUNTY							
6. SEX 7. RACE B. MARRIED NEVER MARRIED			C. CITY OR TOWN D. INSIDE CITY LIMITS?						
male colored WIDOWED DIVORCED		Baltimore YES NO [
9. DATE OF BIRTH 10. AGE (In years # Under Months;	E. STREET A	ND NUMBER							
10-8-1930 10-8-1			4119 Norfolk Ave.						
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			13. FATHER'S NAME						
Mt. Holly, North Carolina WHAT COUNTRY?		Withrow Farrar							
14A LISTIAL OCCUPATION/Give hind of weell AR KIND OF BUSINESS OF INDUSTRY									
4A.USUAL OCCUPATION (Give kind of work I 4B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)			15. MOTHER'S MAIDEN NAME						
N/A			Earlene Farrar						
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		18. INFORM	ANI		Al	DDRESS			
(Yes, no or unknown) (I) yes, give war ar dales at service) Yes 6/13/56 1/23/58	SECURITY NO.	Mrs .I.	oyce Farra	er 1	4119 Not	folk	Avenue		
19.	CAUSE OF DEAT		0,00 14110		1113 1101				
TESSIX	CAUSE OF DEAT	п					PROXIMATE IN		
DISEASE OR CONDITION DIRECTLY									
LEADING TO DEATH	(A)IMMEDIATE C	AUSE	Cerebral :	injury					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		S A CONSEQU							
injury or complication which coused death.)						4.33			
ANTECEDENT CAUSES	(B)								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR A	S A CONSEQ	UENCE OF:						
I UNDERLYING CONDITION LAST						0.0			
Ó	(c)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
DISEASE OR CONDITION GIVEN IN PART 1 (A).								************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHI	CH OPERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes o	or Na)	
22A. EXTERNAL CAUSE WAS 228. PLAC	E OF INJURY (e.g., i	2 25 about 22	C WHERE DID IN	n D to	611	yes			
UNDERLYING OR CONTRIB- hame, for	n, factory, sireet, office	bldg., eic.) IN	JURY OCCUR?	in painmore	City, give exa	ct locotion)			
UTING CAUSE OF DEATH.	?	60		?		00	2-0	0 :	
22D. TIME (Manth) (Day) (Year) (Hour) 22E.It	IJURY OCCURRED) 22	F. HOW DID INJ	URY OCCU	R?			_	
(APPROX.) 9 15 70 ? m. WHILE WORK		MHILE E	011 2000	ron + 1 **	often				
23. III. WORK	AT WO	JKK EJ I	ell, appar	Lentry	arter	alcoh	ption	01	
I certify that I held an Inquiry I Ins	pection Aut	opsy 🔽	and shot on the	- tt-	land to		.01		
			and that on thi						
resulted from Natural causes Accid	ent X Suicide	Hor	nicide 🔲 U	ndetermin	ed manner L	1			
ACTUAL AMA O AC	1	C	HIEF MEDICAL EX	AMINER					
SIGNATURE SIGNATURE	M.D.	ASSIS	ANT MEDICAL EX	AMINER			DATE SIGN	/ED	
EXAMINER'S		455.00	NATE MEDICAL EV		7				
NAME (Type) Werner U. Spikz	JM.D. D		Hief Medical Ex		 aminer	1	0/20/7	70	
24A. BURIAL CREMATION, 24B. DATE 24C. N.	AME of CEMETERY of			CATION					
KEMOVAL (Specify)					,				
	loh Meth.	in. Cem	· M1	t. Hol	ly, No	orth C	arolin	a	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C, FI	INERAL DIRECTOR	3	Δſ	DRESS			
OCT 21 1970 Robert E. Farbe	. At D :		TON & DYE			_	ens St	treet	
001711010		20	0 0		,0		0113 3 (
S 151-REV. 1/1/68									

the state of the s 7 7 7 1 7 1 1 THE SHARE ESTABLISHED

DID		0320	MED	ICAL	. EX	AMINER'S	SC	ERTIF	ICAT	E OF	DEAT	H REG. NO	70	10325
-	NAME OF DEC							2. DATE OF		wn 🙀	Manth	Day	Year	Hnur
4. F		TIMORE, MA	RYLAND, W	HERE P	RONO	UNCED DEAD			OUNCED	DEAD	Month 10	Day 19	Year 70	12:15 PM
OR	NOITUTITZNI		y Hosp:					A. STATE	Mary	land	deceased li	B. COUNTY) 4	before admission)
6. 5	male	7. RACE color	red	8. MARI		NEVER MARRIED DIVORCED		C. CITY C		imore		D. INSIDE	YES X	по 🗆
	8-17-190		10. AGE (Ir last birthda		# Un	der 1 Yr. If Under 24 is Days Hours		E. STREET		umber errin	s La.			
C	BIRTHPLACE(S hatham,	New Je	rsey		W	HAT COUNTRY?			mas P	errin				
done	in is ter	& Labo	rer	Bet	th 1 e	ham Steel		Cor	nelia	Perr				
(Yes	WAS DECEAS , no or unknown NO.					17. SOCIAL SECURITY NO. 217-01-345 CAUSE OF	2			Perr	in		errins	Lane
	(This does n heart follure injury ar car	E OR COND LEADING TO of mean the continuity of the plication which NTECEDENT OR CONDITION E ABOVE CA	DEATH made of dy . It means the ch caused dec	Ing, e.g., disease, ath.)		(B)	, OR A	AUSE M	EQUENCE	OF:	juries			WEEN ONSET AND DEAT
CERTIFICATION	OTHER SIGN	E ABOVE CANG CONDITION IFICANT CONDITION CONDITION	II NOMIONS CO	ONTRIBL THE TERM	TING	(c)	7							
CERTI						WHICH OPERATION	N WA	S PERFO	RMED		*		21. AUT	OPSY? (Yes ar No)
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TRIB- ATH. Day) (Year	r) (Hoo	home	EINJURY OCCUR	reet RED	bldg., etc.	Nort	h Pt.	Blvd.	& 01d	North	Pt. Rd.
		ify that I h	eld an I	nquiry		Inspection	Aut	opsy 🖾	and Homicide	that on t	this basis, Undeterm	, death in m	y opinion	
	ACTUAL SIGNAT EXAMIN	URE	Cym	1/4	X	2)	_M.D.	AS	SISTANT	MEDICAL MEDICAL	EXAMINER EXAMINER EXAMINER			DATE SIGNED
	NAME (A. BURIAL CRE MOVAL (Spec Burial	MATION,	erner 248. DATE 10-24-	70	24	Arbutus Me	TERY	r CREMA	ory Park	24D.	LOCATION Balti	more,	wn, or count	10/20/70 v) (Stote)
		CT 21		25B.		of REGISTRAR	44	250 M	OR TON	& DY	OR ETT F.	н. 170	ADDRESS	ens Street
VS	151-REV. 1/1/6	8 //	Cincol of	0	1	10	1	1	0	2				

WEST LINE . DIT Irra F m THE . ET

VS 150-REV. 1/1/68



	70 10327 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 10327
	BIRTH NO. 1 5 2 5
	1. NAME OF DECEASED (Type or Print) LIZABETH GIBSON JOHNSON 10-14-70 9 MM. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, il institutions residence before admission)
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, il institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
	1924 Edmondson ave BALTO. YES NO 1
	BALTO. MB.21223 E. STREET AND NUMBER 1924 Edmondson Ave
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years Months) 10 -20-67 11 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife VIRGINIA U.S. A.
	HENRY WRIGHT LVdiA LV/es
	15. Was Deceased Ever in U. S. Armed Forcest (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
	18. 4 4 CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Septicemia
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.) (A) IMM BY IATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES ACCORDED TO
	DISEASES OR CONDITIONS, il ony, giving DUE 10, OR AS A CONSEQUENCE OF
	ise to the obove cause (A) stolling the UNDERLYING CONDITION lost. (C) ASSET Barerelye are allowed devoses
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIABLED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INJURY (A) TO THE DEATH OF THE PLACE OF INJURY (A) TO THE DEATH OF THE PLACE OF INJURY (A) TO THE DEATH OF THE PLACE OF INJURY (A) TO THE DEATH OF THE PLACE OF INJURY (A) TO THE DEATH OF THE PLACE OF INJURY (A) TO THE DEATH OF THE PLACE OF INJURY (A) TO THE DEATH OF THE PLACE OF INJURY (A) TO THE DEATH OF THE PLACE OF INJURY (A) TO THE PLACE OF INJURY (A) T
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTINO CAUSE OF INJURY OCCUR? Contribution Cause of Contribution
	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	22. I certify that (I) (this hospital) attended the deceased fram to for 1920 to for 1920 to
	that (i) (we) last saw the deceased alive on OCA 14 19 70 and that in (my) (our) opinion death accurred on the date
	and hour ond from the couses stoted abave. (1) (We) (did) (did nat) view the body after death.
	23A FONATURE 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED
	23C. PHYSICIAN'S DEGREE Phys. 2 Director Phys. 1
	BENIGKO R. LAZARO 1836 St monds on & Balt M. 121723
2	AA. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
2	5A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
	OCT 21 1970 Robert El Jacker R. D. O Wisky Chaves by 1922 Chrondson

1922 Colmon

The second second IMPORTANT

DIRECTOR:

FUNER

reduce address - 1923 E. Raltinore St

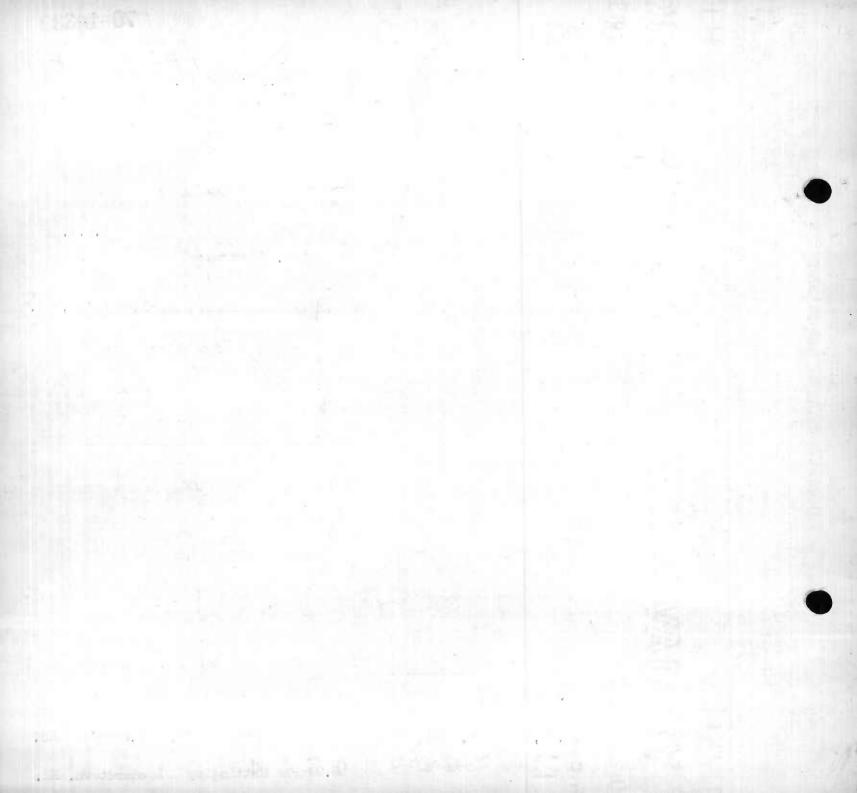
white w

רועיי	10230				
10	TEDICAL	EV A MAINTEDIC	CEDTIEICATE	OF DEATH PEG NO	71
	MEDICAL	EVAWILLEK 2	CERTIFICATE	OF DEATH PEG NO	

		70 1	MED	ICAL	EXA	MINER'S	CERTIF	ICATE	OF D	EAT	H REG. NO	70	1032	9
1.	NAME OF DEC pe or Print)						2. DATE OF			Month	Doy	Year	Hour	
(1)	po di Tittiny		BARRY	C. MI	LLER		DEATH	Estimote	d 🗆					м.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE P	RONOUN	CED DEAD	3. DATE			Month	Day	Yeor	Hour	
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTION,	GIVE STREET		RESIDENCE	1	LO	18	1970		M.
	00	23 3 3	Annapo	lis R	Rd.		A. STATE	Md.			B. COUNTY	25	-443	}
6.	SEX	7. RACE		8. MARR	IED N	EVER MARRIED	C. CITY O	RTOWN			D. INSIDE	CITY LIMITS		
1	male	whi	te	WIDOV	VED 🗌	DIVORCED [Balto.				YES 🔽	NO 🗆	
9.	DATE OF BIRTS	1	ID. AGE (In	years		Yr. II Under 24 Hrs. Doys , Haurs , Min.	E. STREET	AND NUMB	BER					
	April 1	3.1954	last birthda	0	Munins	Doys I navis I mill.	23	53 Anna	nolis	Rd.	(Jestpo	net)	
11.	BIRTHPLACE (S				12. CITIZ	EN OF		R'S NAME	родде	7 100 8		Mei en oftre	7. 47	
	Ral+	imore,	Md		WHA	T COUNTRY?	Char	rles	Λ	Mil	1.00			
144	.USUAL OCCU	PATION (Giv	e kind ol work	4B. KIND	OF BUSI	NESS OR INDUSTR	V 15. MOTH	ER'S MAIDEN	NAME	1177	161			
	e during mast of w	arking lile, ev	en if relired)	114 -b	Cebe	1		Thelme	ш		nieh			
	Student WAS DECEASE	D EVER IN	U.S. ARMED		Scho	SOCIAL	18. INFO	helma	п	aege		ADDRESS		
(Ye	s, no ar unknawn)	(il yes, give y	war or dates	of service), ,	SECURITY NO.			_				m	0.0-1
_	19.	/////	/////	////	//	CAUSE OF DEA		Audrey	Fun	K (C	ousin)	PTEU	APPROXIMATE	NIERVAL
	-7	(1)				CAUSE OF DEA		xia (Su	. 66001	n+i 0=	.)		WEEN ONSET	
			ITION DIRE	CTLY			Aspny	XTW (Du	111008	a GLOI:	'/			
		LEADING TO				(A)IMMEDIATE								
	heart failure	at mean the , asthenia, etc	made of dy It means the ch caused dec	disease,		DUE TO, OR	AS A CONSE	QUENCE OF:						
	Julury ar can	plication whi	ch caused dec	ih.)										
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO, OR AS A CONSEQUENCE OF:													
z	UNDERLYIN	IG CONDIT	ION LAST.			(c)								
은			11											
CERTIFICATION	TO THE DEA	ATH BUT NOT	NDITIONS CO RELATED TO GIVEN IN PA	THE TERM	UNAL		•••••							
RT	20A. DATE OF	OPERATIO	N 208. CO	NOM	FOR WHI	CH OPERATION W	AS PERFOR	MED				21. AUT	OPSY? (Yes	ar No)
Ü	2												yes	
7	22A. EXTER	NAL CAUSE	WAS		228.PLAC	E OF INJURY (e.g.,	in or about	22C. WHERE	DID (II I	n Boliima	re City, give e	xact location		
EDIC	UNDERLYING				hame, lan	m, lactory, street, affic	e bldg., eic.)	INJURY OCC	annap	olis	Road	200	1 4	1.2
M			Oay) (Year) (Hau	c) [22E.]	NJURY OCCURRED		22F. HOW D				1000	2 /	
	OF INJURY (APPROX.)	10	- 0 -	0	m. WHILE	AT NO	WHILE WORK	Subject over	t app	arent head	ly pul	led pl	astic	bag
	23.	tt. at a t t			٦ .				41.1 -	Lunta	Acres to			
			eld on I				topsy X		1		death in m			
	result	ted from: N	lotural cau	ses L	Accid	lent Sulch	de 📙 l	iomicide L			ned monner			
ŀ.	ACTUAL		TT.	//	211	110	-	CHIEF MEDI	ICAL EXA	MINER			DATE SIG	NED
	SIGNATI	JRE	XU	N	10)	Well WI	AS:	SISTANT MED	ICAL EXA	MINER				
	EXAMIN		(/			ASS	OCIATE MED	ICAL EXA	MINER	x			
L	NAME (1	ype)	Peter	Lipk								10-19	9-70	
	A. BURIAL CRE/	(v)	24B. DATE			AME of CEMETERY				CATION		wn, ar count	y) (Si	ote)
-	Buria			2/70	Gl	en Haven	lemori	al Park		Glen	Burni	e	Maryla	nd
25	A. DATE REC'D	OCT 2	2, 1970	163	AME OF	REGISTRAR M.D.	250	FUYERAL	RECTOR		inglet Glen	APPRESSI Burnie		
VS	151-REV. 1/1/68	3 h /		77	77] 	7 7	001	Q					

11/13/70 - Letter from M.E.O.

6 -	ar Print)		, WHERE PRONO	HINGTON DUNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	OUNTY	institution: residence before
endendendendendendendendendendendendende	NAME OF ITAL OR THE			TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN CALLAWAY E. STREET AND NUMBE	WASH II	NGTON 7/- NSIDE CITY LIMITS?
- a e	33				BOX 76	20620	
	ALE	NEGRO	WIDOWED		1-24-17	9. AGE (In years lost birthday)	If Under 1 Yr. If Und Manths Doys Haurs
de d	uring most of work	ATION (Give kind of king life, even if reti		F BUSINESS OR INDUSTRY	Maryland		U.S.A.
y the ispo	WALTE	R WASHI	NGTON		MARY C.		
(Yes, ne	o or unknown) (If	er in U. S. Armed yes, give wor ar	Forces? dotes al service)	SECURITY NO.	Mary Morgan		Pinev Point.
egular embal	LE. This does not eart failure, ast jury or complic AN	thenio, etc. It me colian which con TECEDENT CAL	of dying, e.g. cons the disease sed deoth.)	(B)	USE CONSEQUENCE OF:	es Cell C Touril	a SZM
an was in regular aften remains are embalmed	his does not earl failure, ast jury or complic AN ISEASES OR se to the NDERLYING CONTINUE THER SIGNIFICA DITHE DEATH 8 SEASE OR CON	mean the mode thenio, etc. It moves the color which control to the color to the col	of dying, e.g. cons the disease sed deoth.) SES if ony, giving (A) stoling the CONTRIBUTING TO THE TERMINAL PART 1 (A).	(B) DUE TO, OR AS	A CONSEQUENCE OF:	Touril	
physician was in regular attenfore the remains are embalmed CERTIFICATION	his does not earl failure, ast jury or complied AN ISEASES OR SEE TO THE REALTH BE SEASE OR CON A. DATE OF OF A. ACCIDENT R CONTRIBUTIN	mean the mode thenio, etc. It moves to the color of the c	of dying, e.g. cons the disease sed deoth.) SES if ony, giving the contributing the contributing the remains the contribution for performed that the condition for performed that the condition for performed the condition for performed that the condition is the condition of the condit	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., imp., form, foctory, street, o	A CONSEQUENCE OF:	(NO) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
(6) No physician was in regular attentined before the remains are embalmed MEDICAL CERTIFICATION OUT	his does not earl failure, astigury or complie AN: ISEASES OR se to the NDERLYING OT THE DEATH BEATH OF OF OR A. ACCIDENT R CONTRIBUTING CONTRIBUTIN	mean the mode thenio, etc. It moves to the color of the c	of dying, e.g. cons the disease sed deoth.) SES if ony, giving (A) stoting the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED 16 211 har etc ear) (Hour) 21E	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., imp., form, foctory, street, o	20A. AUTOPSY? (Yes of	(NO) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
(except where the physician who pronounce); and (6) No physician was in regular attented before the remains are embalmed MEDICAL CERTIFICATION TO SET OF S	his does not earl failure, ast jury or complice AN ISEASES OR See to the NDERLYING OF THE DEATH BUSEASE OR CON A. DATE OF OF A. ACCIDENT R. CONTRIBUTINEATH (notify me of INJURY PPROX.)	ADING TO DEA mean the mode thenio, etc. It m cotian which con TECEDENT CAL CONDITIONS, above couse CONDITION fast INTICONDITIONS TO NOT RELATED DITION GIVEN IN TERRATION 198. WAS UNDERLYIN TO CAUSE OF coticol exominer Annth) (Doy) (Y	of dying, e.g. tons the disease deoth.) SES if ony, giving (A) stoling the CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR PERFORMED IG 211 har etc.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, farm, factory, street, o) E. INJURY OCCURRED hile At At Work the deceosed from	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DID iffice bldg., INJURY OCCUR 21F. HOW DID 19 7 onc	INJURY OCCUR? 19 70 to 10 that in (my) (our) a th.	E FINDINGS CONSIDERED AUSES OF DEATH? There City, give exoct location) 2-12 1 pinion deoth accurred of
prior to death); and (6) No physician was in regular atten pproval must be obtained before the remains are embalmed MEDICAL CERTIFICATION Columbia C	his does not earl failure, ast jury or complice AN ISEASES OR SE to the NDERLYING OF THE DEATH BEASEASE OR CON A. DATE OF OF A. ACCIDENT F. CONTRIBUTINEATH (notify me of (I) (we) lost of (I) (w	MAS UNDERLYING CAUSE OF Annih) (Doy) (Y	of dying, e.g. cons the disease deoth.) SES if ony, giving (A) stoling the CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR PERFORMED IG 211 har etc.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, farm, factory, street, o and the deceased from the dece	20A. AUTOPSY? IVes of 20A. AUTOPSY? IVes of 21F. HOW DID	INJURY OCCUR? 19 70 to 10 that in (my) (our) a th. HOPKINS H	E FINDINGS CONSIDERED AUSES OF DEATH? For City, give exoct location)



	AME OF DEC		I IEIN	Remark III		AND HOUR OF DEAT	
ALBERT H. LEVY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) SINAI HOSPITAL					4. USUAL RESIDENCE (V	DBER 18, 1970 There deceased lived. H	0 10:
					MARY LAND	Bulto	NSIDE CITY LIMITS?
					BALTIMORE E. STREET AND NUMBER		YES NO
	4	2			7002 CONCOR		
5. S	EX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (tn years	If Under 1 Yr. H
	MALE	WHITE	WIDOWED		3-7-1911	59	
		UPATION (Give kind of work working life, even if retired)	10B. KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF W
	SALESM	IAN	RETA	AIL	BALTIMORE, N	1ARY LAND	USA
13. [FATHER'S NA	· · ·			14. MOTHER'S MAIDEN	NAME	
	La John Line	A. LEVY				EAH DUBOIS	
15. \ (Yes	Nos Deceased , no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			220-24-5760	MRS. BERNICE I	EVY, 7002 C	ONCORD RD. #
	DISEASES Crise to the	not meon the mode of osthenio, etc. It meons application which coused ANTECEDENT CAUSES DR CONDITIONS, if e obove cause (A) G CONDITION lost.	deoth.) ony, giving	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF:	elette C	UD 5
FICATION	DISEASES CONSE TO THE SIGNIFT TO THE DEAT DISEASE OR COMMENT	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost. II FICANT CONDITIONS CO III BUT NOT RELATED TO TO ONDITION GIVEN IN PAR COPERATION 1988. CON	ony, giving sloting the NTRIBUTING HE TERMINAL IT 1 (A).	(8) DUE TO, OR AS (C)	arteur		UD 5
RTIFICATIO	DISEASES CONTROL OF THE PROPERTY OF THE DEAT DISEASE OF CO.	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. IL CICANT CONDITIONS COME BUT NOT RELATED TO TONDITION GIVEN IN PARES OPERATION 198. CON WAS PER	ony, giving sloting the NTRIBUTING HE TERMINAL IT 1 (A).	(B)(C)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or	No) 208. IF YES, WEI	RE FINDINGS CONSIDE CAUSES OF DEATH?
CERTIFICATIO	DISEASES OF THE TO THE DEAT DISEASE OF CONTRIBUTION OF CONTRIB	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost. II FICANT CONDITIONS CO III BUT NOT RELATED TO TO ONDITION GIVEN IN PAR COPERATION 1988. CON	ony, giving sloling the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED	(B)	A CONSEQUENCE OF:	No) 208. IF YES, WEI	RE FINDINGS CONSIDE CAUSES OF DEATH?
DICAL CERTIFICATIO	DISEASES OF THE TO THE DEAT DISEASE OF CONTRIBUTE OF CONTR	osthenio, etc. It meons application which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost.	ony, giving sloling the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED	(B)	a CONSEQUENCE OF: 20A. AUTOPSY? (Yes on nor obout 21 C. WHERE DIE ffice bidg., INJURY OCCUR	No) 208. IF YES, WEI	
DICAL CERTIFICATIO	DISEASES OF TISE TO THE SIGNIFTO THE DEAT DISEASE OF 19 A. DATE OF 21 A. ACCIDE OR CONTRIBLE DEATH (notify	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost. IL CONDITION STORM IN PART OPERATION 19 PART OPERATI	ony, giving sloling the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED	(8)	20A. AUTOPSY? (Yes on in or obout 21C. WHERE DIE ffice bldg., INJURY OCCUR	No) 208. IF YES, WEI IN CERTIFYING (
MEDICAL CERTIFICATIO	DISEASES OF TISE TO THE SIGNIFTO THE DEAT DISEASE OF 19A. DATE OF 21A. ACCIDE OR CONTRIBLE DEATH (notify 1A PPROX.)	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost. IL CONDITION STORM IN PART OPERATION 19 PART OPERATI	ony, giving sloting the NTRIBUTING HE TERMINAL IT (A). IDITION FOR FORMED	(B)	20A. AUTOPSY? (Yes on in or obout 21C. WHERE DIE ffice bldg., INJURY OCCUR	No) 208. IF YES, WEI IN CERTIFYING (
MEDICAL CERTIFICATIO	DISEASES OF TISE TO THE SIGNIF TO THE DEAT TO SEASE OF CONTRIBLE DEATH (notify 12 The PROX.) 21 D. TIME OF TIME TO THE TIME THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME T	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost. IL STATE OF THE CONDITIONS CONDITION GIVEN IN PAR CONDITION GIVEN GIVE	ony, giving sloling the NTRIBUTING HE TERMINAL IT I (A). IDITION FOR FORMED 218 hom etc. (Hour) 21E Wh	(B)	a CONSEQUENCE OF: 20A. AUTOPSY? (Yes on nor obout 21C. WHERE DIE ffice bidg., INJURY OCCUR	No) 208. IF YES, WEI IN CERTIFYING () (If in Baltir	
MEDICAL CERTIFICATIO	DISEASES OF THE DEATH OF THE DE	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. FICANT CONDITION S COME BUT NOT RELATED TO TONDITION GIVEN IN PARE OPERATION 198. CON WAS PER NT WAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospital lost saw the decease	ony, giving sloling the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED (Hour) 21E Why wo	(B)	a CONSEQUENCE OF: 20A. AUTOPSY? (Yes on nor obout 21C. WHERE DIE ffice bidg., INJURY OCCUR	No) 208, IF YES, WEI IN CERTIFYING () (If in Baltir) INJURY OCCUR?	more City, give exact loca
MEDICAL CERTIFICATIO	DISEASES OF THE DEATH OF THE DE	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost. FIGANT CONDITION S COME BUT NOT RELATED TO TONDITION GIVEN IN PARTICIPATION TO PERATION	ony, giving sloling the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED (Hour) 21E Why wo	WHICH OPERATION S. PLACE OF INJURY (e.g., ine, form, foctory, street, on the property of the deceased from the deceased	20A. AUTOPSY? (Yes on or obout 21C. WHERE DID fine bidg, INJURY OCCUR 21F. HOW DID 19 7 0 ond	No) 208. IF YES, WEIN CERTIFYING (IN CERTIFYING) (If in Baltir Part of the Court of	more City, give exact loca
MEDICAL CERTIFICATIO	DISEASES OF TISE TO THE SIGNIFT TO THE DEAT DISEASE OF CONTRIBLE OF CONTRIBLE OF INJURY TAPPROX.) 21A. ACCIDE OR CONTRIBLE OF INJURY TAPPROX.) 22. I certify that (I) (we) ond hour one conditions of the contribution of the contribution of the condition of the	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost. II CICANT CONDITIONS COME TO THE BUT NOT RELATED TO TO TO NODITION GIVEN IN PAR OPERATION 198. CON WAS PER OPERATION (Month) (Doy) (Year) that (1) (this hospital lost saw the deceased from the causes stated in the cause	ony, giving sloling the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED (Hour) 21E Why wo	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, or ine, fort White At Work the deceased from	20A. AUTOPSY? (Yes on nor obout 21C. WHERE DIE ffice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 21F. How die december of the bidg. Med. Director	No) 208, IF YES, WEI IN CERTIFYING () (If in Baltir) INJURY OCCUR?	more City, give exact local
MEDICAL CERTIFICATIO	DISEASES OF THE DEATH (notify the PPROX.) 22. 1 certify that (I) (we) and hayr one	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. IL CANT CONDITIONS CO TONDITION GIVEN IN PARE OPERATION 198. CON WAS PER NT WAS UNDERLYING DINING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospital lost saw the decease of from the causes star of the causes of the	ony, giving sloling the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED 218 hometree (Hour) 21E Who wo	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, or interest of the deceased from the deceas	20A. AUTOPSY? (Yes on or obout 21C. WHERE DIE ffice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 21F. HOW DID 32F. HOW DI	No) 208. IF YES, WEI IN CERTIFYING () (If in Baltir) (If in	more City, give exact local
MEDICAL CERTIFICATIO	DISEASES OF THE TO THE DEAT DISEASE OF CONTRIBUTION OF THE DEAT DISEASE OF CONTRIBUTION OF THE DEAT HOST OF THE DEATH (notify that the the the the the the the the the th	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. FICANT CONDITION SCOON CONDITION GIVEN IN PARELATED TO TONDITION GIVEN IN TONDITION GIVEN	ony, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A). Tollion FOR FORMED Comparison of the desired of the	(B)	20A. AUTOPSY? (Yes on n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR 21F. HOW DID 21F. HOW DID 21F. HOW DID 21F. HOW DID 22D. ADDRESS 848 W. X 3	No) 208. IF YES, WEIN CERTIFYING (IN CERTIFYING) INJURY OCCUR? 197	opinion deoth occurr
MEDICAL CERTIFICATIO	DISEASES OF TISE TO THE SIGNIFT TO THE DEAT DISEASE OF CONTRIBLE OF CONTRIBLE OF INJURY TAPPROX.) 21A. ACCIDE OR CONTRIBLE OF INJURY TAPPROX.) 22. I certify that (I) (we) ond hour one conditions of the contribution of the contribution of the condition of the	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost. FICANT CONDITION SCO (H BUT NOT RELATED TO TONDITION GIVEN IN PART OPERATION 198. CON WAS PER (Month) (Doy) (Year) That (1) (this hospital lost saw the decease of from the causes stated from the causes stated from the causes stated (MANTION, 24B. DATE Specify)	ony, giving sloting the NTRIBUTING HE TERMINAL IT (A). IDITION FOR FORMED 218 hon etc. (Hour) 21E Why wo	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, or order). Injury Occurred hile At Not While At Work the deceased from the d	20A. AUTOPSY? (Yes on one of the bidg., INJURY OCCUR 21F. HOW DID 22F. HOW DID 23D. ADDRESS 848 W. X 3	No) 208. IF YES, WEI IN CERTIFYING () (If in Baltir) (If in	opinion deoth occurr

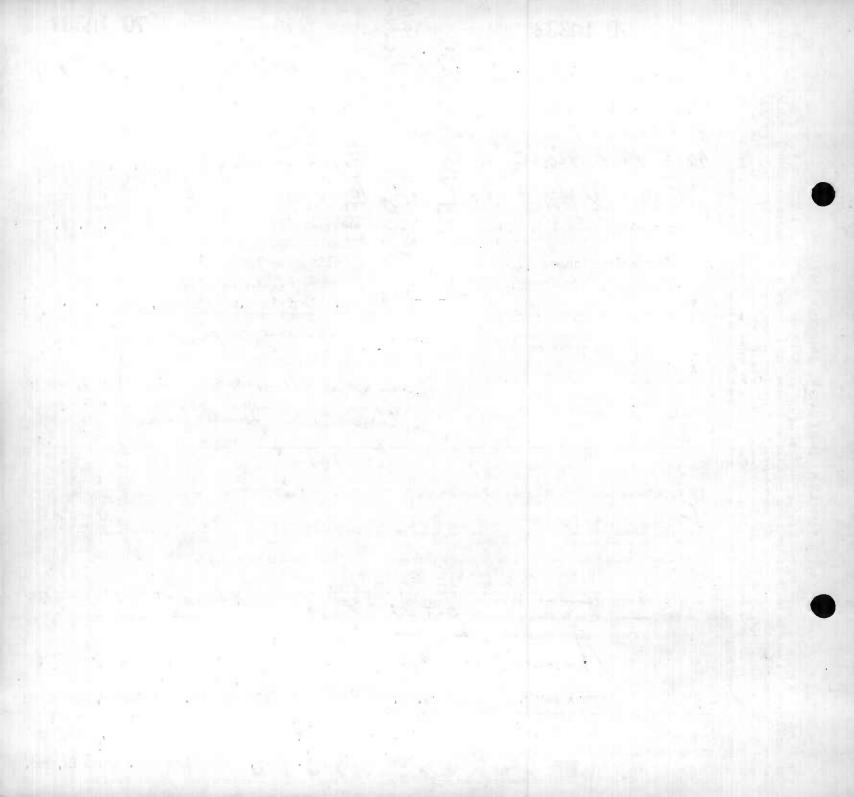
FUNERAL DIRECTOR: IMPORTANT

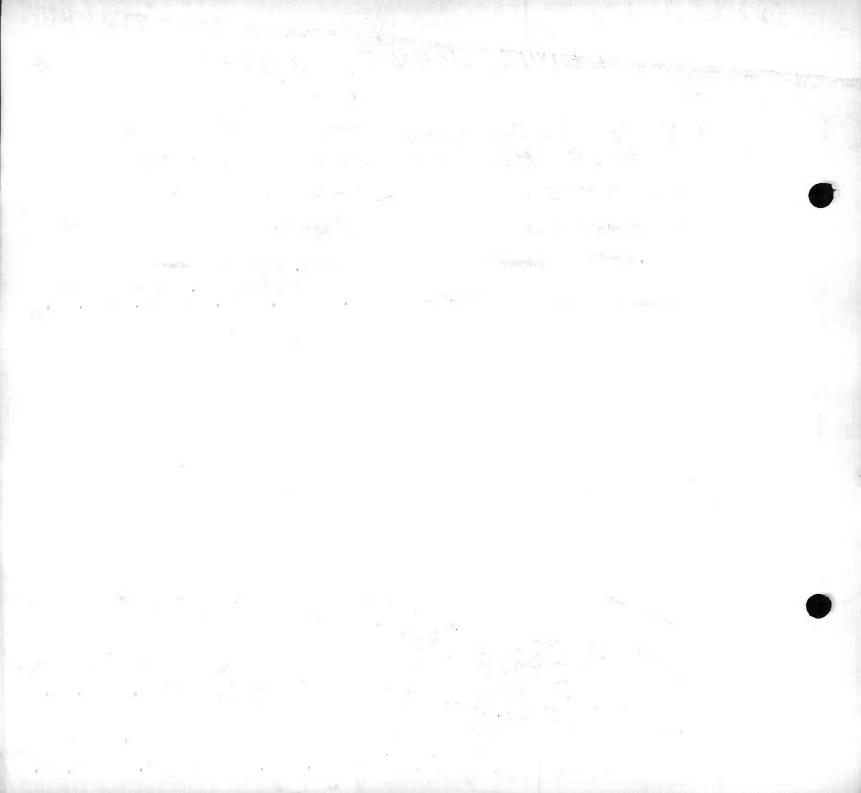
. 1 1 1 2 12 L Constitution of the contract o THE RESTREET AND AND ADDRESS OF THE PARTY OF THE PERSON OF STREET, STREET,

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68





IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO

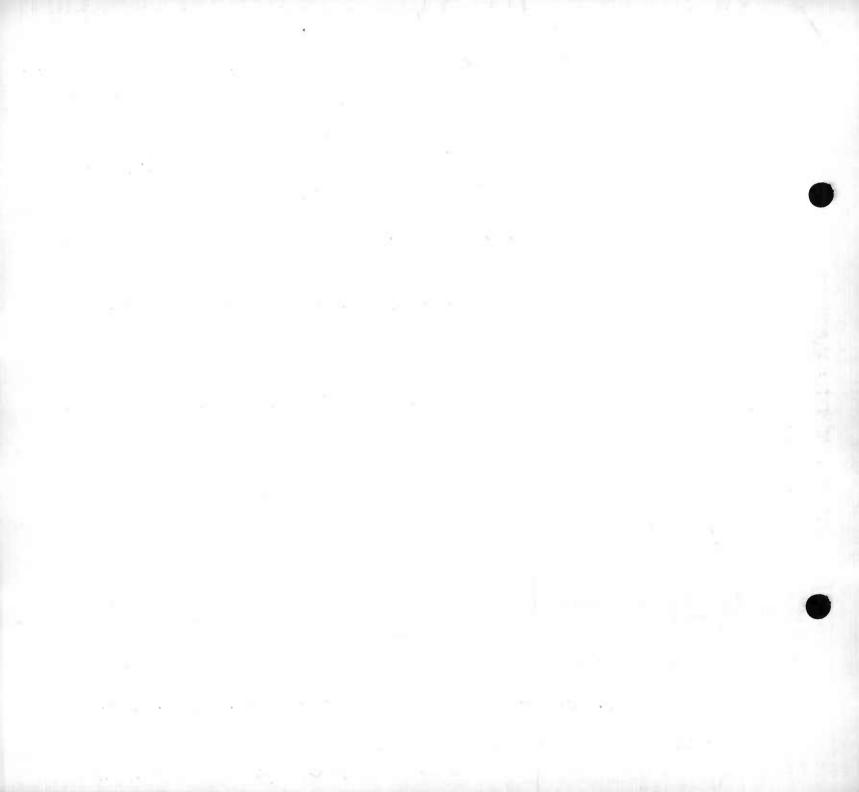
Il Under 24 Hrs. Hours : Min.

APPROXIMATE INTERVAL

(Stote)



			BALTIMORE CIT	Y HEALTH DEPAI	RTMENT		7	0 10	335
BIRTH NO.	70 10335		CERTIFICA	ATE OF DI	EATH	REG. N		O TO	(00)
1. NAME OF DE (Type or Print)	CEASED XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	John 1	Peel			1/70	DEATH	1	G A.
3. PLACE IN BA	LTIMORE MARYLAND, V	HERE PRONC	DUNCED DEAD	4. USUAL RESID	B. COUN	e deceased live	ed. If institutio	n: residence	before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTI	TUTION, GIVE STREET	Md c. CITY OR TOW	/N		D. INSIDE CIT		64
00	4605 Manordene	Road	Apt A.	E. STREET AND	NUMBER	Road	Apt A.	<u> </u>	NO 🗌
Male	White	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRT 3/15/0'		9. AGE (In yea last birthday)		nder 1 Yr. ths Days	If Under 24 H Haurs Min.
IOA. USUAL OC	CUPATION (Give kind of world		F BUSINESS OR INDUSTR				112.0	CITIZEN OF	WHAT COUNT
Retired	f working life, even if retired)		. Navel Acad.	Maryland	_	g,,		SA	mini coom
3. FATHER'S NA	AME	0.0	· MAYOT ROAD.	14. MOTHER'S A		ΛE	1 0	SA.	
John P	eel			Man	ry Lapp	1			
5. Was Decease	d Ever in U. S. Armed For	ces?	I 6. SOCIAL	17. INFORMANT	1 J -app			ADDRE	ESS
no	in yes, give wor or dote	s of selvicer	216-44-9713	Mrs. John	n Peel.	4605 Mg	norden	Rd. A	nt A
18. []	091		CAUSE OF DEAT		,	7007			XIMATE INTERVAL
DISEASES rise to li UN DERLYIN OTHER SIGNI	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, it is obove cause (A) G CONDITION lost. If IFICANT CONDITIONS CO JIT BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	ony, giving stoling the		A CONSEQUENCE		Sarde	i Vos	e u	Mou
		DITION FOR	WHICH OPERATION	20A. AUTOPSY	(? (Yes or (No)	208. IF YES, IN CERTIFYIN	WERE FINDING CAUSES C	GS CONSIL F DEATH?	DERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF wedical exomined	21E hon etc.	RPLACE OF INJURY (e.g., I ne, farm, factory, street, o)	n ar about 21 C. WH lfice bldg., INJURY	IERE DID OCCUR?	(II In B	altimare City,	give exact le	ocation)
OF INJURY (APPROX.)	(Manthi (Dayl (Year)		INJURY OCCURRED Not While At Work	e C	M DID INI	IRY OCCUR?			
22. I certify	that (1) (this hospital) attended t	he deceased from.	3/29	1	C_ to_	10	121	19.7 6
that (I) (we) last saw the decease	d alive on	2/27	19 70	and tha	t in (my) (ou	opinion d	eath occur	rred on the da
		ed above. (I) (We) (dld) (d id not) v	lew the body of	ter death.				
23A. SIGNAT	URE		Λ				23 B. D	ATE SIGNE	D
Cl	m for	~	DEGREE Phy	nding X Me	ector :	hys.	10	-21 - 70)
NAME (Typel			23D. ADDRESS		_			
4A. BURIAL CR	Dr. Cliff		AME OF CEMETERY OF CR	4605 Edmor					10
REMOVAL	(Specify)	,			24D. LO	CAHON	(Criy, low	, ar cauntyl	(State)
Burial SA. DATE RECT	BY HEALTH DEPT.	70 Moz	reland Memoria	Park	Bal	timore,	Marylar	nd	RESS
	OCT 22 1070	Robert &		O Watzke	1 (3)	Edmonds	on Ave		
'S 150-REV. 1/1/	68	20000		7 \$ 02 AC	, 24.04	-unonus	OII AVE	, 212	~ 7



	336
1. NAME OF DECEASED (Those of Right) 2. DATE AND HOUR OF DEATH	
PERRY, REBA CATHERINE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, 11 institutions resident & COUNTY	3:50 Am.
	_ / &
INSTITUTION ADDRESS OF LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS	?
SARA SOTA YES	но 🗌
818 TAMIAMI TRAIL	33577
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lift Under 1 Y.	
and details may be universed the detail it tetrant	OF WHAT COUNTRY?
Retired Secretary Douglas Air-craft GEORGIA USA	
THE MOTHER'S MAIDEN NAME	
15 Was December 19 S. A. of E. of S. O. S.	DEC D
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or doles of service) SECURITY NO. RECORD S BALT IMORE	MD 21229
NO 567-18-9116A ST AGNES HOSPITAL WILKENS &	
Arra Arra Arra Arra Arra Arra Arra Arra	ROXIMATE INTERVAL EN ONSET AND DEATH
LEADING TO DEATH	
heart failure, asthenia, etc. It means the disease.	***************************************
injury or complication which caused death.) ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE 10, DR AS A CONSEQUENCE OF:	2 mos
lise to the above cause (A) station the	>
UNDERLYING CONDITION lost) mes
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION NO NO CRETIFYING CAUSES OF DEATH	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION NO CRETIFYING CAUSES OF DEATH	SIDERED
OF INJURY (e.g., in or obout 21 C. WHERE DID (if in Boltimore City, give exoc	1 locotion)
DEATH Inosity modical examined OF INJURY O	: 8
OF INJURY (Month) (Doy) (Yeorl (Houd) 21E MJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) 9-2E10 wash While At Work At Work Lall	
22. I certify that () (this hospital) attended the deceased from JULY 28	19_70_
that (IX (we) last saw the deceased alive an OCTOBER 20, 19 70 and that In (m) (aur) apinion death acc	urred on the date
and haur and from the causes stated above. (‡) (We) (did) (a)to/ not) view the bady after death.	
23A. SIGNATURE 23B. DATE SIGN	NED
Attending Med. Stoff Director Phys.	10-07
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS BALT I MORE M	D 21229
Eugene Willis, Md. ST AGNES HOSPITAL WILKENS & C	ATON AVE
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or coun	
Burial 10/23/70 Sarasota Mem Park Sarasota, Florida 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR	
OCT on 1010 Oct - a - a - a House and Ctar Humans Home of Hammer	DDRESS H. Witzke
VS 150-REV. 1/1/68	ty, Md. 2104.

Section 18 Type year and the first training

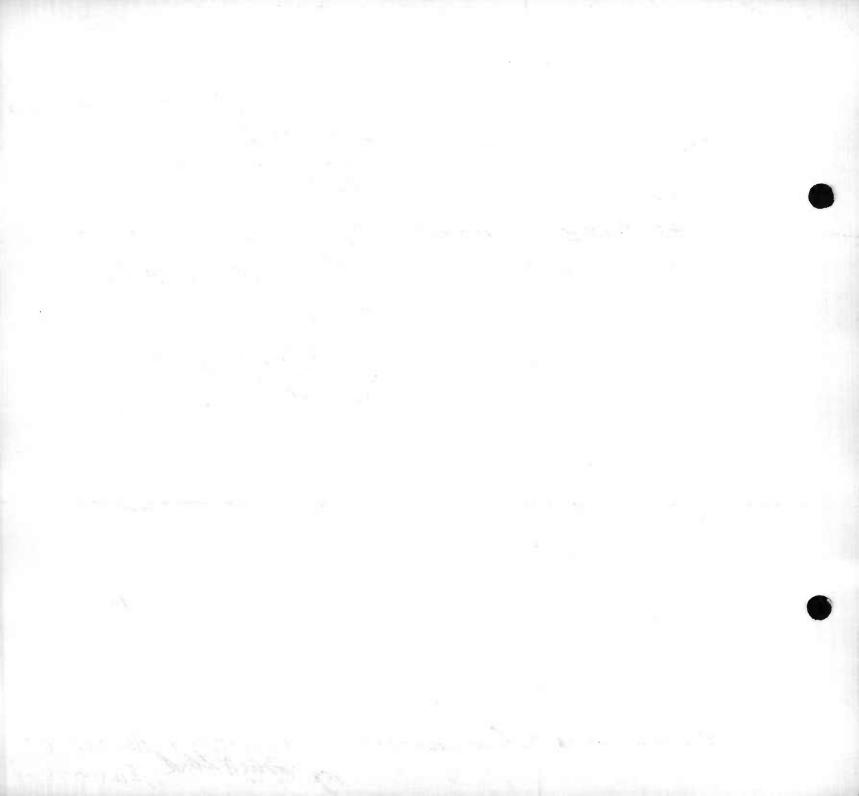
VS 150-REV. 1/1/68

- 1 -

MPORTAN

DIRECTOR:

FUNERAL



IMPORTAN

DIRECTOR:

FUNERAL

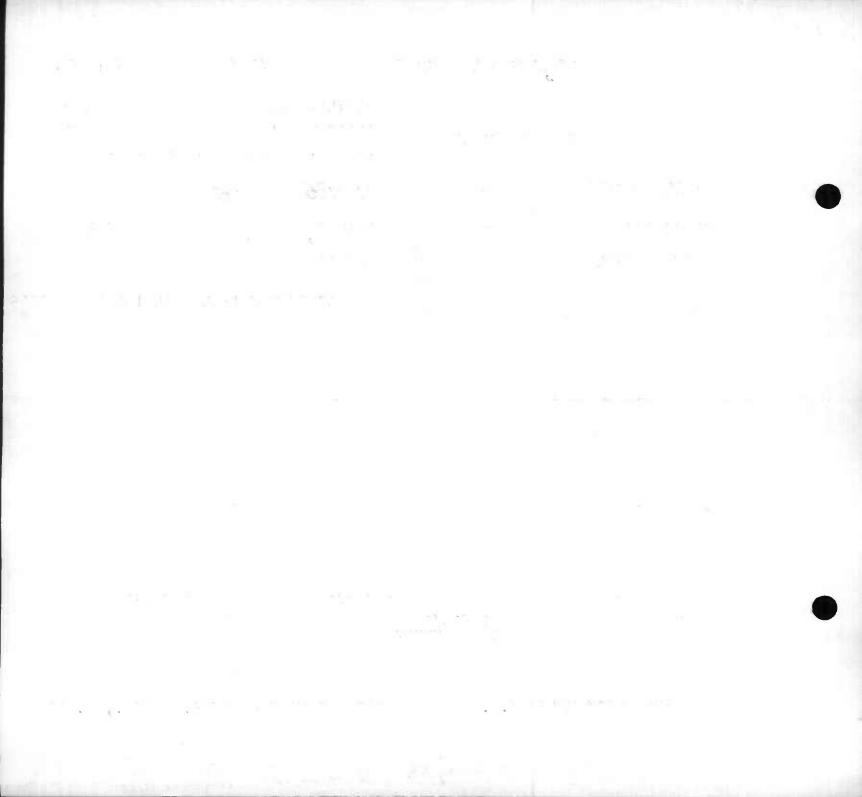
BALTIMORE CITY HEALTH DEPARTMENT

NO X

SA

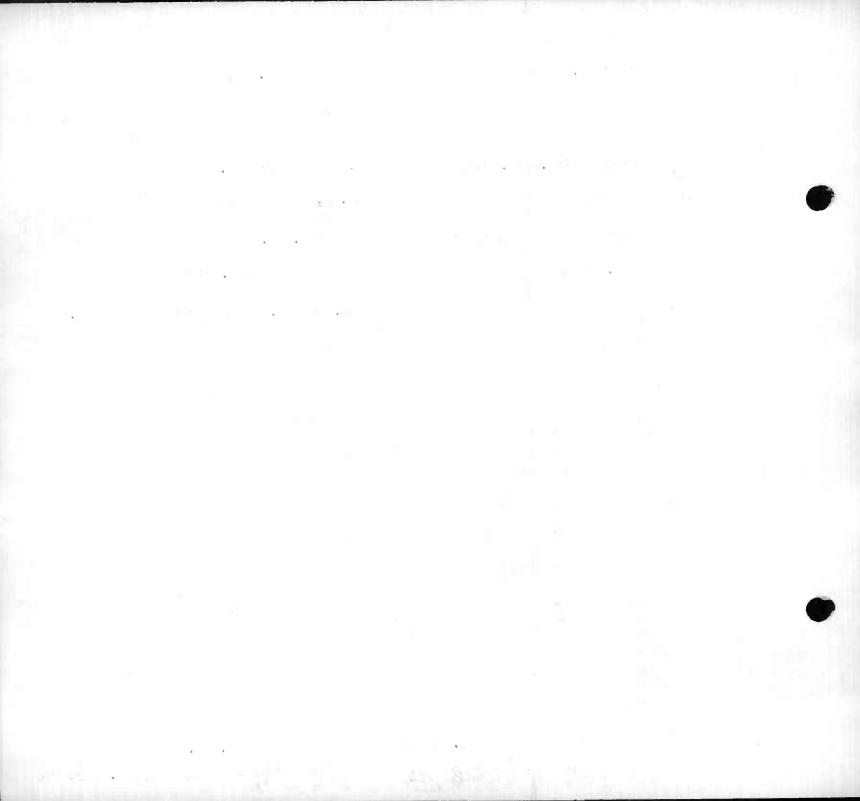
ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



-		
Such	1.1	RTH NO.
eath.	3.	PLACE IN
to de	FU	ILL NAME OSPITAL OR STITUTION
prior de.	5.	43
Be	٥	
decease ion is m		Male USUAL O during mos Cha
posit	13.	FATHER'S
· vi		ė
	15. (Ye	Wos Docea s.no orunkno
fina		No
ed or		DISI
embalm		(This does heart failu injury or c
s in regine sins are		DISEASES rise to UNDERLY
ysician wa e the rema	CERTIFICATION	OTHER SIGNATE OF THE DESCRIPTION
he physical		21A. ACCII OR CONTR DEATH (no
ained	MEDICAL	21D. TIME OF INJURY (APPROX.)
•		22. I certi
rn)		that (I) (wand hour a
nust		23A. SIGNA
al n		9
prior		23C. PHYSIC NAME
ap	24A	BURIAL C

				BALTIMORE CIT	Y HEALTH DEPARTMENT			
BIRTH	NO	70 103	340	CERTIFICA	TE OF DEATH	REG. NO	70 10340	
1. NAM	E OF DECEA				2. DATE A	ND HOUR OF DEATH	0	
(Type o	1977	mil C. F	ontz					
3. PLA		ORE MARYLAND,		NOUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	nere deceased lived. If in	stitution: residence before	odmission
FULL N	NAME OF	(IF NOT IN HOSE	TAL OR INS	STITUTION, GIVE STREET	Maryland		23.1	22
INSTITU	JTION	ADDRESS OR LO	CATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	10
	1				Baltimore		YES K NO	7
L	+3				E. STREET AND NUMBER			
	S	outh Balto	. Gen.	Hospital	1221 Patapso	o St.		
5. SEX	6.	RACE	7- MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Un Months Doys Hours	der 24 Hrs
Ma		White	WIDOW		Dec. 3, 1898	lost bithdoyl	Months Doys Hours	Min,
10A, US	UAL OCCUPA	TION (Give kind of we	ork 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or for	reign country)	12. CITIZEN OF WHAT	COUNTR
gone du	Chauff	king life, even if retired		Omorones	D-74 - 101			
13. FAT	HER'S NAME	eur	1	Brewery	Balto. Md.		USA	
		187 17a						
		W. Fontz				sa E. Michael	ls	
Yes, no	Orunknown) (If	er in U. S. Armed F yes, give wor or do	orces? les of servic	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No				Mrs. Edna E.	Fontz 1221	Patangon St	
18.	419	Life		CAUSE OF DEAT		TOHOL TECT	1 APPROXIMATE	INTERVAL
	DISEASE	OR CONDITION D	DIRECTLY	0			BETWEEN ONSET	
	LE	ADING TO DEATH	4	A - A BAAA CO LA TE C A L	ebral alexi	dout	1/2	u
(Thi	is does not	meon the mode of henio, etc. It mean	of dying, e.	0	A CONSEQUENCE OF:	***************************************	204	
inju	ry or complic	colion which couse	d deoth.)		in rebroto	0110		
	ANT	ECEDENT CAUSE	S			0,0,0	109	u
DIS	EASES OR	CONDITIONS, if	any, nivi	ng DUE TO, OR AS	A CONSEQUENCE OF:			
rise	to the	above couse (A)	sloting t	he				
UN	DERLYING C	ONDITION lost		(c)				
z		11						
OI DISE	IER SIGNIFICA THE DEATH B	NT CONDITIONS COUT NOT RELATED TO	ONTRIBUTIN	G				
Y DISE	EASE OR CONI	DITION GIVEN IN PA	RT 1 (A).	R WHICH OPERATION		***************************************		**********
194	DATE OF OF	WAS PE	REORMED	K WHICH OPERATION	20A. AUTOPSY? IYes or N	IN CERTIFYING CAL	INDINGS CONSIDERED	
(1 21 A	ACCIDENT	WAS UNDERLYING	17 18	IB PLACE OF INJURY le.g.,	7		~	
OR	CONTRIBUTIN	G CAUSE OF		iome, torm, toctory, street, or	fice bldg., INJURY OCCUR?	(II in Boltimore	City, give exoct location)	
U				etc.)				
21D. OF I	TIME (M	onth) (Doy) (Ycor		IE INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
< (API	PROX.)		1	While At At Work	· 🗆			
22.	I certify the	t (1) (this hospite	al) attended	the deceased fram		19 <u>40</u> to	(20 10 ·	- 1920
		t sow the deceas		17 12 11	19.70 and t			9_10_
				· · · · · · · · · · · · · · · · · · ·		hat in (my) (aur) opin	nion deoth accurred ar	n the date
ana	SIGNATURE	om the couses sto	ated above.	(I) (We) (dld) (dld not) v	lew the body ofter death.			
23A.	SIGNATURE	7 1		00.0	-10 4		23B, DATE SIGNED	
	9/4	Tree //	noon	OF GREE Phys	Med. Director	Staff Phys.	10-21-7	0
23C.	PHYSICIAN'S NAME (Type)				3D. ADDRESS			
10	Vi.	DUERN	ROOR	ES	3105 B	ELAIR 1	RD 213	/>
4A. BU	RIAL CREMAN	ION 248 DATE		NAME of CEMETERY OF CRE			y, town, or county)	(Stote)
	MOVAL (Spec	10 22	70	Mt. Olivet				1-10161
		HEALTH DEPT.	1.11	E OF REGISTRAR		Balto. Md.		
	רחח	0.0 1070		E Faber MD	25C. FUNERAL DIRECTO	Mc Cully	130 E. Fort	ATTO
C 150	<u> </u>	7.7 13/1	Ulabert .	- varber 12 a	0932	1	TOTO	WAR
3 13U-1	REV. 1/1/68							

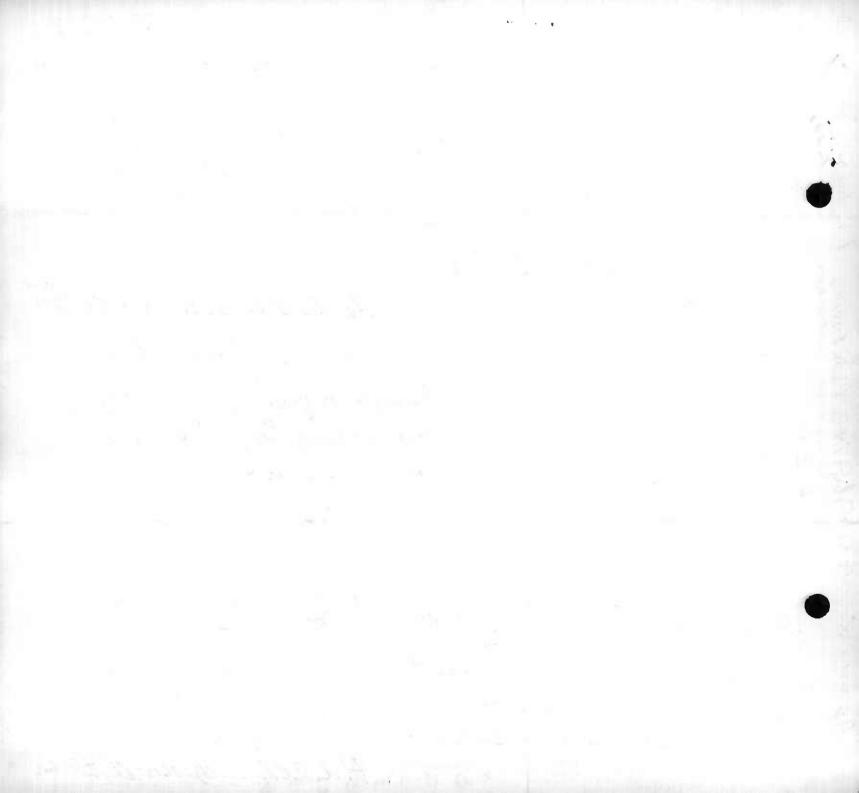


W 230

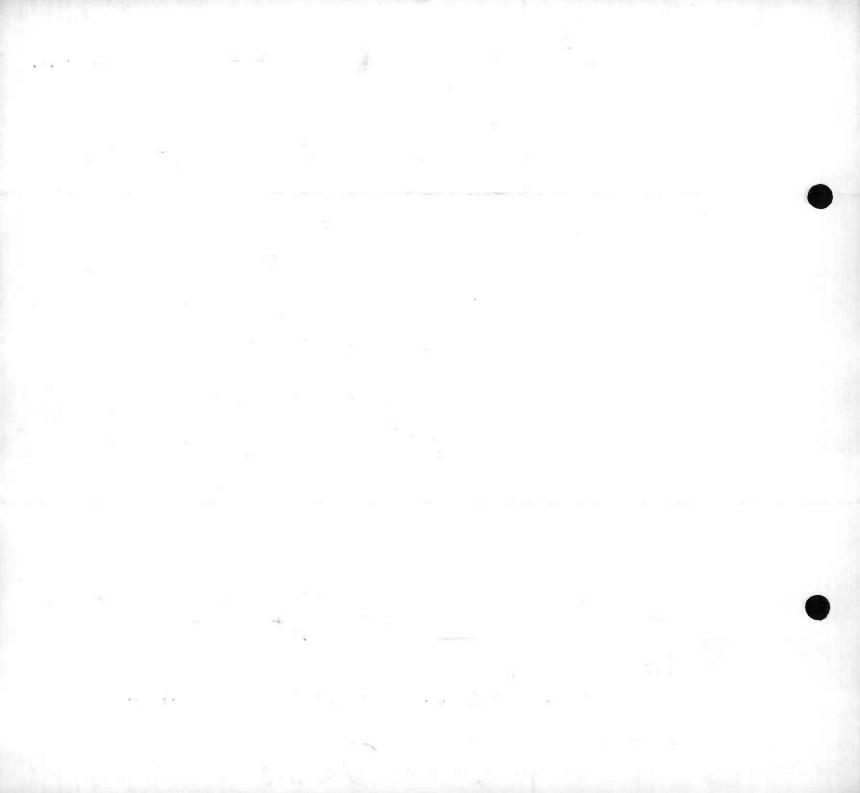
70 1034 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70	10341
1. NAME OF DECEASED (Type or Print) ROBERT #. WEST 2. DATE Known M Month Day Y OF DEATH Estimoted October 16, 1970	Hour 12:35 P
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE PRONOUNCED DEAD October 16, 1970	M.
Sinai Hospital // Maryland	ance before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIN Male White WIDOWED DIVORCED Baltimore YES X 9. DATE OF BIRTH 10.AGE (In yeors Winder Yr. Under 24 Hrs. E. STREET AND NUMBER	
9. DATE OF BIRTH 10. AGE (In yeors lost birthdoy) 5-2-13 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
WHAT COUNTRY? 4A.USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OF INDUSTRY 15. MOTHER'S MAIDEN NAME	
CLERK, RETIRED ROPFICE. 4. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS	S CIRCLEN
YES 2nd WW 232-09-5919 ZELMA L. WEST 2825ED 19. CAUSE OF DEATH	GECOMBUS APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE Gunshot wound of these	BETWEEN ONSET AND DEATH
Ints does not meen me mode of dying, e.g., heart loliure, osthenia, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (b) DUE TO, OR AS A CONSEQUENCE OF: (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. A	
	Ves
22A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Boltimore City, give exact local home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Bank Maryland National Bank - 44 22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURED 22F. HOWDID INJURY OCCUR?	. ,
OF INJURY (APPROX.) 10-16-70 about 9:10 A.m. WORK Doceased a customer of bar	nk, shot
I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Notural courses Accident Suicide Homicide Undetermined manner	d-up on
ACTUAL SIGNATURE CLARE SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October	r 17, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or co 10-20-70 BURIAL LORRAINE PARK BILTO 60	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRES 360 360	- Chestrub

10/29/70 - Letter from Assistant Medical Examiner, Dr. Charles S. Springgate.

	BALTIMORE CITY HEALTH DEPARTMENT	0 10342
BIRT	CERTIFICATE OF DEATH REG. NO	D 111945
N/	NAME OF DECEASED HOUR OF DEATH 10 10 10 10 10 10 10 10 10 10 10 10 10 1	SA
3. P	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where Secessed lived, If instituting a state of the second of the	on: residence before odmission
FUL HO:	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	13-06
2	STITUTION D. INSIDE C	A /
1	UNION MUMORIAL HOSPITAL E. STREET AND NUMBER LIST LIST	Inp
5. SE	SEX 6. RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In yeors list birthday) No. Morried No. Morrie	Under 1 Yr. , If Under 24 H
10A	THE STREET STROKEED THE STROKE	nths Doys Hours Min.
	one during most of working life, even if refired) MD	CITIZEN OF WHAT COUNT
13. F	3. FATHER'S NAME	
	Harold Devor	
tYes,	6. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESS 7
	ND Harold & De Vorse 34	18 Chesture
ľ	DISEASE OR CONDITION DIRECTLY SEPTICEMIA	APPROXIMATE INTERVA
	LEADING TO DEATH of	the to
	(This does not meen the mode of dying, heart foilure, osthenio, etc. It means the disease injury or complication which caused both.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: SUPPURATIVE LY MPHADENIT	11
	ANTECEDENT CAUSES	3/10/1
	DISEASES OR CONDITIONS, if gay, given DUE TO, OR AS A CONSEQUENCE OF:	700
	UNDERLYING CONDITION lost.	11123
2		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL CONTRIBUTION OF	
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING CAUSES	NGS CONSIDERED
CERTIFIC	2) A ACCIDENT WAS UNDERLYING 22 R. PLACE OF IN HISTORY IS AS ADMITTED WHERE DID	
1	OP CONTRIBUTING CAUSE OF	give exact location)
00 2	21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
51	(APPROX.) While At Work At Work	/
2	22. I certify that (1) (this haspital) attended the deceased from 10/18 19 70 to 10	119 1970
	that (1) (we) lost saw the deceosed olive on 10/9 19 70 and that in (my) (our) opinion	death accurred on the d
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.	
2	23A. SIGNATURE 23B. Attending Med. Staff 172	DATE SIGNED
2	Phys. Director Phys.	10/19
	23C. PHYSICIAN'S NAME (Type) 10. 1/10. pp. Dolloe 123D. ADDRESS (10. pp. 1). 1/10. pp. Dolloe 123D. ADDRESS	tosatul.
24A.	AA. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tow	vn, or county) (State
1	Busil 11-22-70 Ballo nati	
25A.	5A. DATE REC'D BY HEALTH DEPT. 25R NAME OF REGISTIAR 25C-FUNERAL DIRECTOR	ADDRESS
40.	OCT 22 1970 Jober E. Jawes March Enlaherawett 3615	Cheshet to
15 1	\$ 150-REV. 1/1/68	



VS 150-REV, 1/1/68

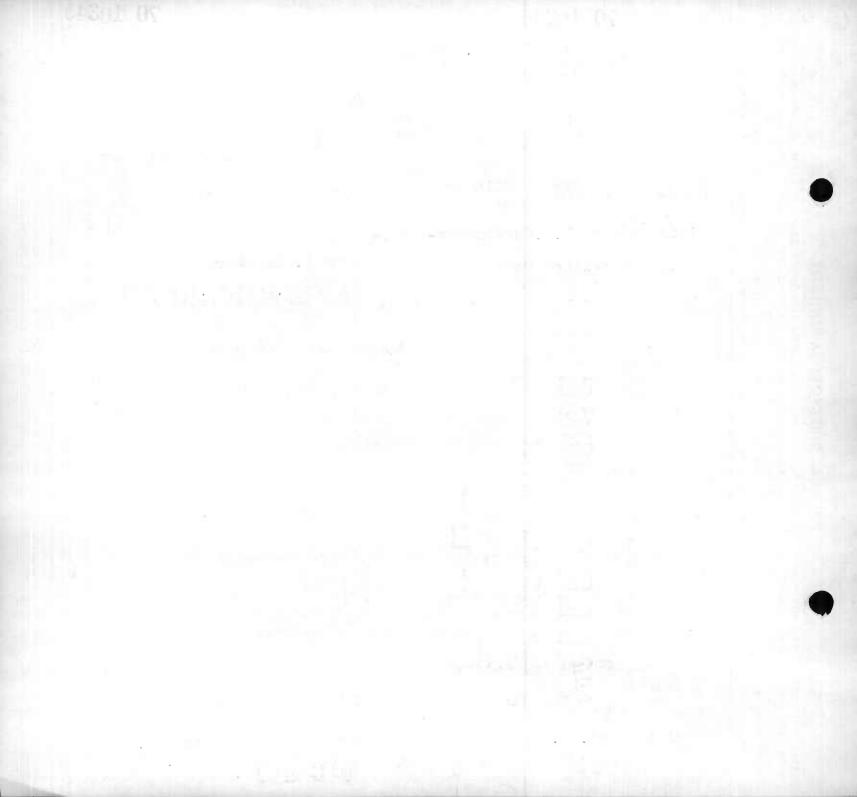


	70 10	344			MORE CITY HE								
		MED	ICAL	EXAM	MINER'S	CERTIF	CATE C	OF DI	EAT	٠ ١	70 1	0344	
BIRTH NO										REG. NO			
I. NAME	OF DECEASED					2. DATE	Known [* M	onth	Day	Yeor	Hour	
	WALT	ER JARO			nezyk)	DEATH	Estimoted						м.
4. PLACE	IN BALTIMORE,					3. DATE			onth	Doy	Yeor	Hour	
HOSPITAL	E OF (IF	NOT IN HOSPITA DRESS OR LOCA	AL OR INST	IITUTION, GIV	'E STREET	PRONC	UNCED DEAD)	10	19	70	13:00	p. "
OR INSTITU	MOIT					5. USUAL	RESIDENCE (V	Where dece	eased liv	ed. If institutio	n: residence	before admis	sign)
3	/ Cit	y Hospit	als			A. STATE	Maryla	nd		B. COUNTY	~	1-13	
6. SEX	7. RACE		B. MARR	IED NEVE	ER MARRIED A	C. CITY O	RTOWN			D. INSIDE	ITY LIMITS?	-00	
male	whi	te	WIDOW	_	DIVORCED		Baltim	ore			res K	NO 🗆	
9. DATE C	OF BIRTH	10.AGE (In		If Under 1 Yr	. If Under 24 Hrs.	E. STREET	AND NUMBE	R			12.45	140	
11.	/12/99	last birthdo	^{y)} 70	Manths Day	Haurs Min.		1906 F	leet	St.				
	LACE (State or la	reign country)		12. CITIZEN	OF	13. FATHER							
			A		S.A.					,			
	ryland OCCUPATION	Give kind at world	AR KIND	OF BUSINES	O . A e	J (seph J	aror	nezy	K			
dane during	most of warking lile	, even if retired)											
	p Fitter			p Repa			ofila	Smie	gow				
(Yes, no or u	nknown)(If yes, gi	ve wor ar dates	of service)	SEC	CURITY NO.	18. INFOR					ADDRESS		
Yes	3	?			01-3220		lildred	Tra	win	ski,2			it.
19.	814	17			CAUSE OF DEA	TH						PPROXIMATE IN VEEN ONSET AN	
	DISEASE OR CO	NDITION DIREC	CTLY										
· ·		TO DEATH			(A)IMMEDIATE	AUSE	Multipl	e inj	urie	S			
(ihis	daes not meon to t failure, asthenia, ry ar complication	he mode of dyl etc. It means the	ing, e.g., disease,		DUE TO, OR		QUENCE OF:						
UNL	EASES OR COND TO THE ABOVE DERLYING CONI	OTTIONS, IF ANY CAUSE (A) STAT OTTION LAST.	, GIVING ING THE		(C)	AS A CONSE	QUENCE OF:						
E DISE	ER SIGNIFICANT (THE DEATH BUT N EASE OR CONDITION	ONDITIONS CO OT RELATED TO ON GIVEN IN PA	THE TERMI	NAL						*************			
兴 20A. D	ATE OF OPERATI	ON 20B. CON	IDITION	OR WHICH	OPERATION WA	S PERFORM	MED				21. AUTO	PSY? (Yes at	r No)
111												yes	
	EXTERNAL CAUSE RLYING DOR CO CAUSE OF D	NTRIB-	i	22B. PLACE C	of INJURY(e.g., ctory, street, affice Street	in ar obaut i bldg., etc.)	22C. WHERE D NURY OCCU East an	OID (If in E	Baltimare CON	City, give ex	act lacation)	. 1	
≥ 22D. 1	TIME (Month)	(Day) (Year)			RY OCCURRED		22F. HOW DID					-01	
OF INJ		19 70	2:45		п мот	WHILE TO	pedestr				ruck		
23.	-			m. WORK	L AT W	ORK	Foresta						
	I certify that I	held on In	quiry [Inspec	etion Au	lopsy X	and that a	on this b	asis. d	eoth in my	onlalon		
	resulted from:			Accident		- process	omicide 🔲			ed manner			
		1.00	71	Column	Juicio				f				
A	CTUAL	1002112		>101			CHIEF MEDIC			7		DATE SIGN	ED
	IGNATURE	with	7/	19	M.D	•	STANT MEDIC						
	XAMINER'S IAME (Type)	Werner	: П. /	Shitz	M.D.	Deputy	Chief	AL EXAM Medic	INER I	 xamine:	r 10	0/20/70)
24A. BURIA	AL CREMATION,	24B. DATE			of CEMETERY	or CREMATO				(City, tow			
REMOVAL		10/23	/70					Balt				rland	
	rial REC'D BY HEALT			AME OF REG	y Rosar		CHAIFD AL DIC		TIIIO.			Lanu	
	QCT 2	2 1970		8.E. Jan			SADOW		& S		DDRESS BO8 EA	STERN	AVE

VS 151-REV. 7/1/68

TAVEORGY BLE YERDELS RELIAM 1 0 1 55 F5 (2 millions) | project The factor of th

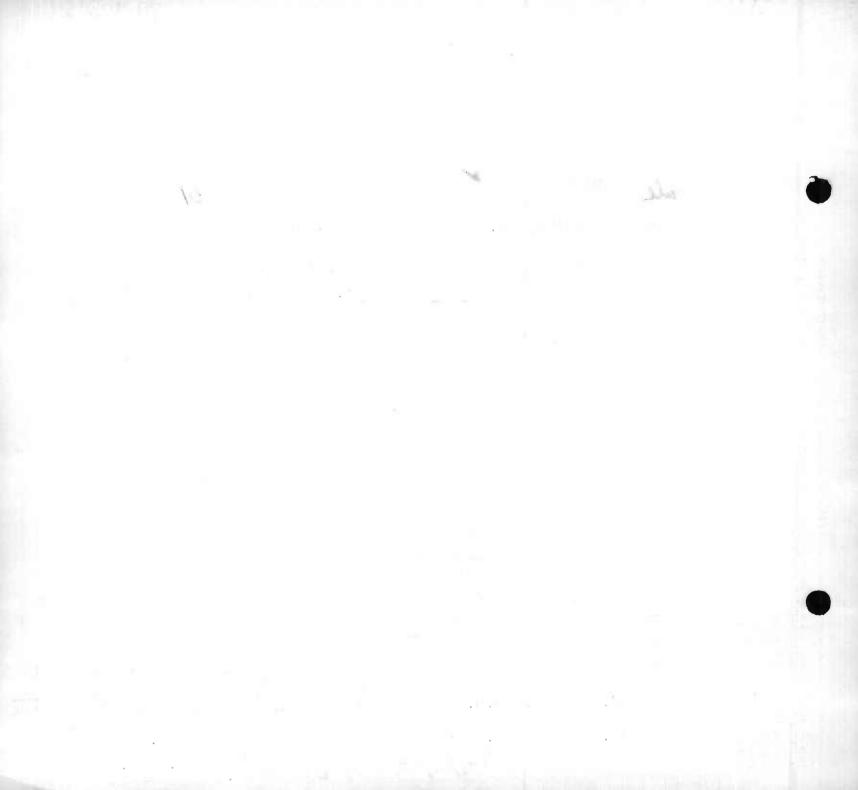
VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

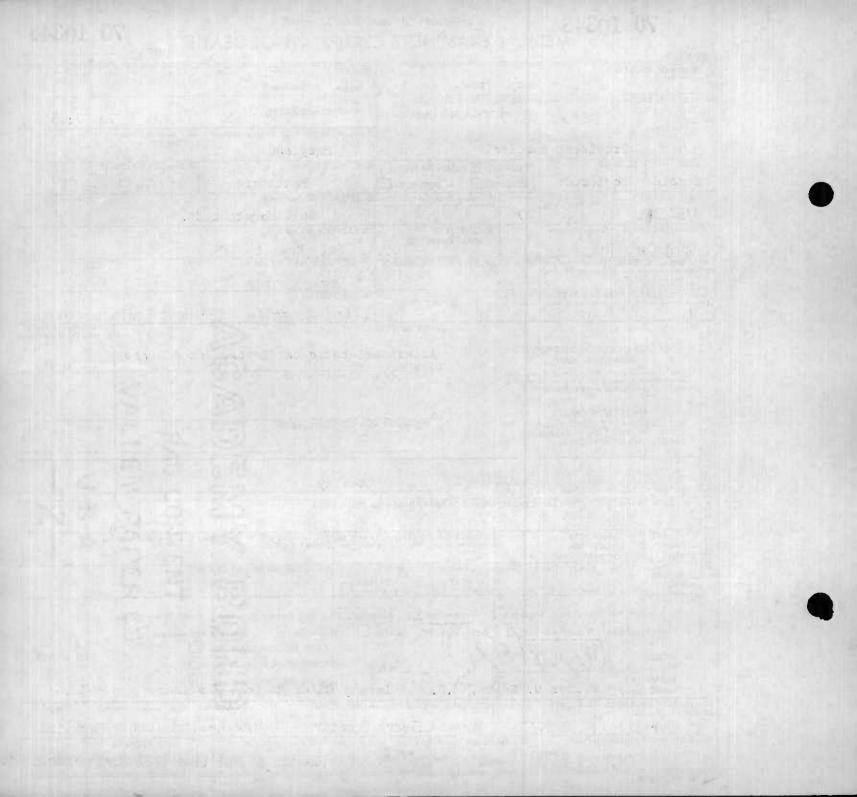


					H DEPARTMENT		17/	0 10347
BIRTH NO.	70 1034	7	CERTIFICA	TE C	OF DEATH	REG. NO		U T(1041
1. NAME OF DECEA	NDE RWOOD	MARIE				AND HOUR OF DE		1 3 ° A .
3. PLACE IN BALTING FULL NAME OF HOSPITAL OR INSTITUTION	Provident	AL OR INSTITU ATION) Hospita	UTION, GIVE STREET	Ma	AL RESIDENCE (WI	here deceased lived. JNTY		_
39	1514 Divis Baltimore,				Newingto	n Ave.	123 (2	a NO
Female	Negro	WIDOWED		12-	13-225		4 Manth	der 1 Yr. II Under 24 Hrs. s Days Haurs Min.
Unemploye	ed	10B, KIND OF	BUSINESS OR INDUSTRY		Maryland			TIZEN OF WHAT COUNTRY
William	n Underwood		4		Ella Britt			
(Yes, no ar unknown) (I	ver in U. S. Armed Far If yes, give war or date	s of service)	1 6. SOCIAL SECURITY NO.	Mr	s. Beatri	ce White-	Sis. 36	ADDRESS 623 Mancheste
(This does not head failure, as injury or compliant of the UNDERLYING OTHER SIGNIFICATION OTHER	OR CONDITION DISTANCE OF CONDITIONS, il cobove cause (A) CONDITIONS, conditions to the condition of the conditions cond	dying, e.g., the disease, death.) any, giving stoling the	(A) IMMEDIATE CAN DUE TO, OR AS (B) DUE TO, OR AS (C)	A CONSE	QUENCE OF:	PHEUNON		
19A DATE OF O	PERATION 198 CONI WAS PERF	DITION FOR W			AUTOPSY? (Yes of N	10) 20B. IF YES, WI	RE FINDING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBUTION	WAS UNDERLYING NG CAUSE OF edical examiner Manth) (Day) (Year)	etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	n or about fice bldg.,	21 C. WHERE DID INJURY OCCUR?	·	imare City, gl	ve exact location)
OF INJURY (APPROX)		Whil Work	e At Not While					
that (I) (we) Ia and hour and fi	st saw the decease rom the causes state	d olive on_1	e deceosed from 10- 0-21-70 (We) (did) (did not) v	19	ond t	hot In (my) (aur)	-21-70 opinion dec	oth occurred an the date
23A. SIGNATURE	1.5.	Shafi	DEGREE Phys	nding [Med. Director	Shaff Phys.		TE SIGNED
23C. PHYSICIAN'S NAME (Type 24A. BURIAL CREMA REMOVAL (Spe	M. J. Sna		DEGREE ME of CEMETERY OF CRE	151	4 Divison	Street B	altimo:	•
Burial 25A. DATE REC'D BY	10/24/7	0 Arbu	utus Memorial	Park		ltimore	Mary1	
00 /S 150-REV. 1/1/68	CT 22 1970	Valley E	AN TORING	1		11	1727 No	orth Monroe St



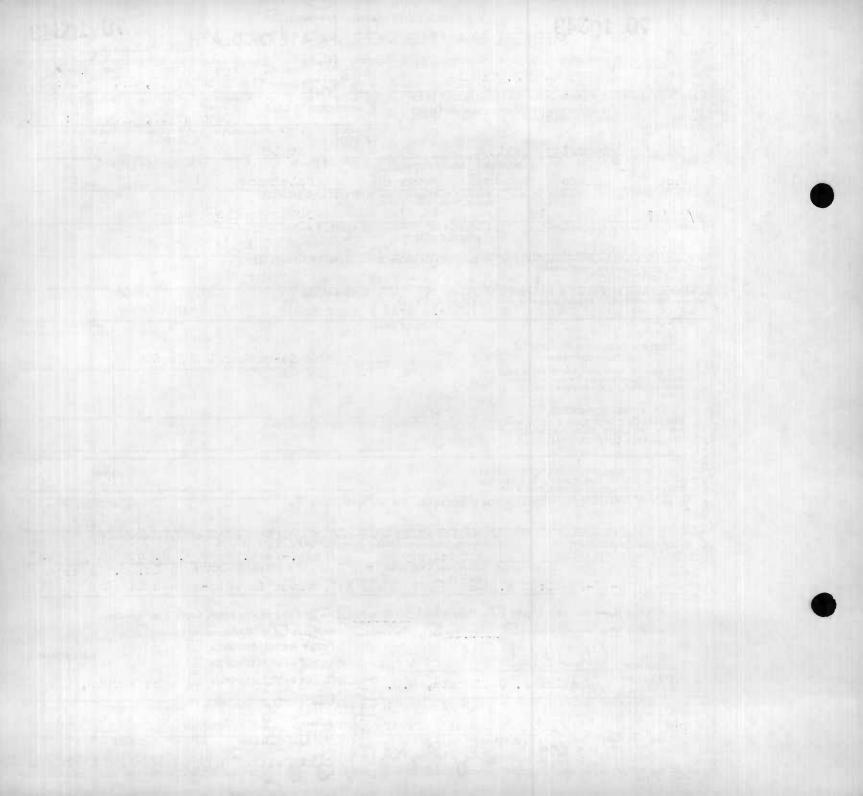
70 10348 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

BIRTH NO.	KEG, NO,
1. NAME OF DECEASED (Type or Print) Mary Hands	2. DATE Known X Month Doy Year Hnur OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 10 19 70 7:05 P
39 Provident Hospital	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence beloresodmission) A. STATE B. COUNTY
	Maryland 5. CONTY 5-0/
fomale and markied in Never Markied	C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Hr	TES NO L
4/5/23 lost birthdoy) Months, Doys, Hours Mi	1614 Mountmor Ct.
II. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	RYLS MOTHER'S MAIDEN NAME
done during most of working life, even Ifrelired) HOUSEWife	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Nora Moseley IB. INFORMANT ADDRESS
(Yes, na or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
19. CAUSE OF DE	Elizabeth Kelly 906 West Lexington Street
7/8/7	BETWEEN ONSET AND DEATH
	osclerotic cardiovascular disease
(This does not mean the made of dying, e.g., (A)IMMEDIATI	CAUSE R AS A CONSEQUENCE OF;
heart foilure, osthenio, etc. It means the diseose, Injury or complication which coused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, O	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	A S A CONSEQUENCE OF:
Z CONDITION (ASI:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 1	Obesity
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 1	
O O O CERTION 1235. CONDITION FOR WHICH OPERATION	NAS PERFORMED 21. AUTOPSY? (Yes or No)
Z22A. EXTERNAL CAUSE WAS 228, PLACE OF INTURY (e. c.	no
	., In or obout 22C. WHERE DID (II in Boltimore City, give exact location) lice bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	005 11000000000000000000000000000000000
OF INJURY	22F. HOW DID INJURY OCCUR?
	WORK
I certify that Theld an Inquiry Inspection XX A	utansy ond that on this book to doubt to accept to
	, The state of the
ACTUAL MULMS/h9/9	CHIEF MEDICAL EXAMINER DATE SIGNED
	D. ASSISTANT MEDICAL EXAMINER
NAME (Type) Werner U. Spitz, M.D.	Deputy Chief Medical Examiner 10/20/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Bu r ial 10/24/70 Mount Calvar	y Cemetery Anne Arundel County Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
OCT 22 1970 Robert E. Farber, M.	Arlington S. Phillips 1727 North Mongoe St
VS 151-REV. 1/1/68	1 1 0 0 2



VS 151-REV. 1/1/68

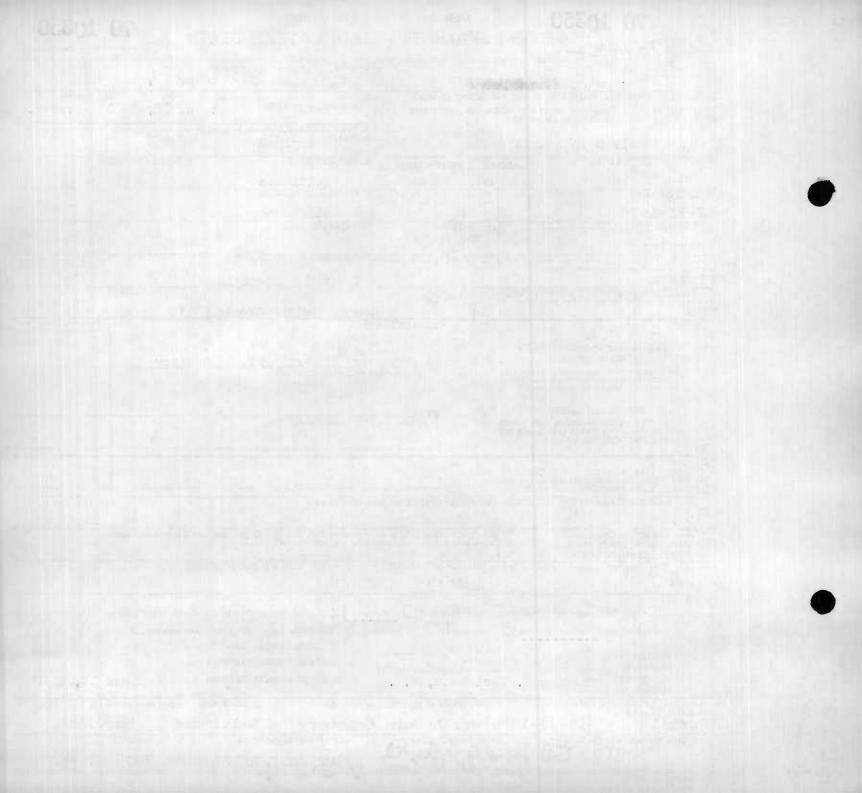
L	7	0 10	349			BALTIMORE CITY HE	ALTH DEPA	RTMENT				70	103	10
П		O TO	MED	ICA	L E	KAMINER'S	CERTIFI	CATE (OF DE	ATH	REG. NO.	10	THO	19
	RTH NO.										KEG. NO.			
(Ty	Pe or Print)	CEASED	CHARLE	S J.	HIC	KS	2. DATE OF DEATH	Known Estimated			Doy er 17,	Year 1970	Hour 12:5	2 A _M
4.	PLACE IN BA	LTIMORE, M	ARYLAND, Y	VHERE P	RONC	OUNCED DEAD	3. DATE		Mor		Day	Year	Hour	m.
FU HC	LL NAME OF SPITAL INSTITUTION	(IF NO	ESS OR LOCA	AL OR INS	STITUTIO	ON, GIVE STREET		UNCED DEA	0	ctob	er 17,	1970	12:52	А.м.
	70						A. STATE	ESIDENCE (Where dece	used lived R.	I. If Institution	: residence	before admir	islan)
نب ا	20		rsity 1					Mary1a	and			15	-32	
6.	SEX	7. RACE		8. MARI	RIED [NEVER MARRIED	C. CITY OF	TOWN		0	. INSIDE CI	TY LIMITS	3	
	Male	Ne	gro	WIDON	NED [DIVORCED		Baltin	more		YI	Es 🗌	NO 🗆	
9.	DATE OF BIRT	Н	10. AGE (la last birthdo	yeors	If Un	der I Yr. If Under 24 Hrs. hs Days Hours Min.	E. STREET	AND NUMBI	ER					
1 2	1/24/41		2		71101111	ns bays moors min.		3046 (Grant1	ev A	7enue			
11.	BIRTHPLACE (State or farel	gn country)		12. C	ITIZEN OF	13. FATHER				. 01100			
Н	South	Canoli	22		M	HAT COUNTRY?			Charli	e Sp	ann			
144	USUAL OCCU	PATION (GI	ve kind af work	148. KIN	OF B	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN	NAME					
don	eduring most of	working life, e	ven Ifrelired)			SUSINESS OR INDUSTRY			Mary		2			
16.	WAS DECEAS	ED EVER IN	ILS ARMED	FORCE	52	17. SOCIAL	18. INFOR		ria i y			DDRESS		
(Ye	WAS DECEAS s, no or unknown NO	(If yes, give	war or dates	of service)	247-72-7757			204					
-	19. / 0/						1	Lewis	304	o Gr	antley			
	E8/0	20/1				CAUSE OF DEAT	TH						upproximate in Ween onset a	
			OTTON DIREC	CTLY										
		LEADING TO				(A)IMMEDIATE C	AUSE	Cranio-	cerebr	al i	njurie	S		
	heart fallure	ol mean the , asthenia, et	made of dy c. It means the ich caused dec	lng, e.g., disease,		DUE TO, OR A	S A CONSEC	UENCE OF:						
	Injury or con	nplication wh	ich caused de	oth.)										
	AI	NTECEDENT	CAUSES			(a)								
			ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:						
	UNDERLYIN	E ABOVE CA	IUSE (A) STAT	ING THE										
S						(c)								
CERTIFICATION	OTHER SIGN	HEICANTCO	II	NITRIBLE	TING									
S	TO THE DE	ATH BUT NO	NDITIONS CO	THE TERM	UNAL									
E			GIVEN IN PA			WHICH OPERATION WA								
Ü	2	OFERAIIO	200. CO	ADIIIOIA	FURT	WHICH OPERATION WA	S PERFORN	(ED				21. AUT	OPSY7 (Yes o	r Na)
	22A, FYTER		-										Yes	
EDICAL	UNDERLYING	NAL CAUSE			228. P	LACE OF INJURY (e.g., form, factory, street, office	bldg. elc.)	2C. WHERE I	DID (If In Bo	oliimore C	ity, give exa	ct location)	33	-00
回	UTING CA	USE OF DE	ATH.			xpressway /	I	BaltWa	ash. E	xprw	y . S. (of Da:	isy Ave	
Σ	OF INJURY		Day) (Year			EINJURY OCCURRED	1 2	2F. HOW DI	DINJURY	OCCUR?	(Balt	Co.)	Overpa	ss
	(APPROX.)	10-17-	70 12:	12 A.	m. W	HILE AT NOT	WHILE E	Driver	in au	to-a	ito co.	llisid	on	
	23.													
	I cert	Ify that I h	eld on Ir	nquiry		Inspection Aut	opsy 🛛	ond that	on this bo	ists, de	ath in my	opinion		
	result	ed from: N	latural caus	ses 🔲	Ac	cident X Suicid	He He	micide 🔲	Undet	emined	manner [7		
		1	1 1	0		5.0		CHIEF MEDIC		-				
	ACTUAL	U	in 1		0	- X0		STANT MEDIC		-			DATE SIGN	IED
	SIGNATU EXAMINI NAME (T	ER'S	harles	S. S	pri	ngate, M.D.		CIATE MEDIC			1	ober :	17, 197	0
24/	A. BURIAL CREA	Abel	AB. DATE		_	NAME of CEMETERY	CREMATO	PV I	24D. LOCA	TION				
RE	MOVAL (Specif	(y)									(City, town,			
_	Burial		10/21/			Mount Calvary	Cemet	ery	Anne A	rund	el Cou	nty	(Maryla	and)
25/	A. DATE REC'D	•				OF REGISTRAR		UNERAL DIR				DRESS		
		7619	2 1971	16 Jan	c. 5 6	E. Jarber M.D.	Λ.	1	C DI		ne 170	7 Mars	Alla Mara	(

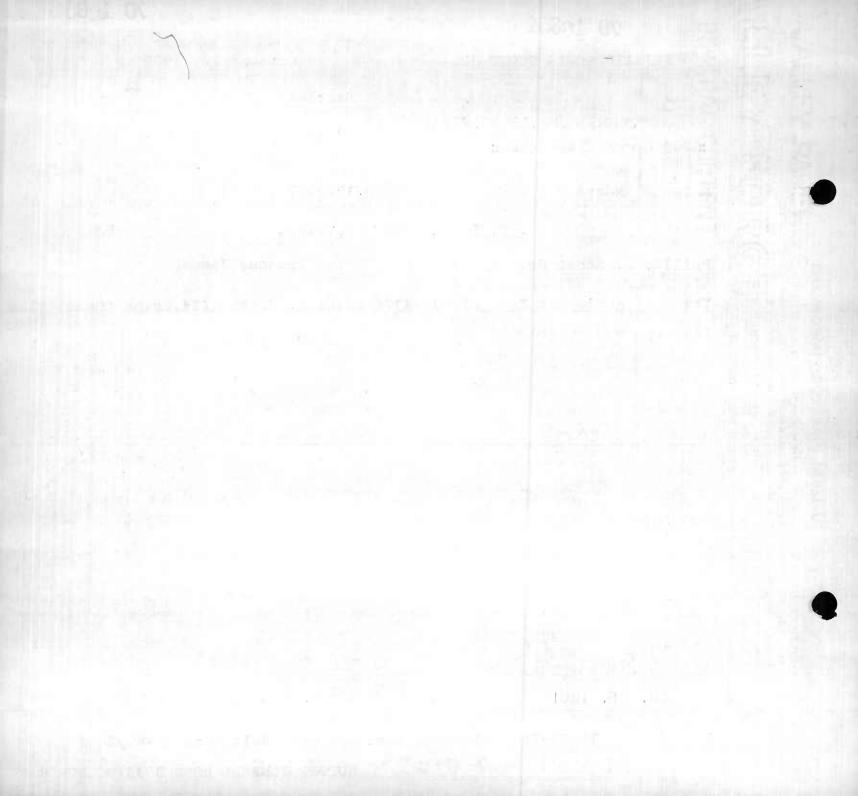


70 10	350	0	BALTIMORE CIT	Y HEALTH	DEPARTMEN
-------	-----	---	---------------	----------	-----------

50	BALTIMORE CITY HEALTH DEPARTMENT	חניי	40250	(
	EXAMINED'S CEPTIFICATE OF DEATH	10	10350	

BIRTH NO. 70	-1435.	2	ICAL		AMII ILK 5	-LKIIII	CAILOI	DLAII	REG. NO.			
1. NAME OF DE	CEASED					2. DATE	Known 💢	Month	Day	Yeor	Hour	
(Type or Print)	corey I	Cha	mble	99		OF DEATH	Estimated	Octob	er 17,	1970		м.
4. PLACE IN BA					UNCED DEAD	3. DATE		Month	Day	Year	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	LORINS	OITUTIO	N, GIVE STREET		ESIDENCE (Where		er 17,		7:30	М.
00	819 Bro	oks La	ne				Maryland		. COUNTY	13	-01	331011)
6. SEX	7. RACE		B. MARR	RIED [NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
Male	Negro		WIDOV	VED [DIVORCED [В	altimore		Υ .	res 🔯	NO 🗆	
9. DATE OF BIRT		10. AGE (In	years	H Und Month	der 1 Yr. If Under 24 Hrs. s 1 Doys 1 Hours 1 Min.		AND NUMBER 19 Brooks	Tama				
II, BIRTHPLACE				2	TIZEN OF	13. FATHER		Lane				
Marylan	đ			W	HAT COUNTRY? USA							
14A.USUAL OCCU	JPATION (GIM	kind of work	4B. KINE	OF B	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
done during most of Infant	working lite, ev	en mreilred)				Cunt	hia Chan	hlee				
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	5?	17. SOCIAL	18. INFOR		DICE	-	ADDRESS		
(Yes, no or unknown	(Il yes, give v	var or dates o	of service)	SECURITY NO.	Man	D. I I T.	7	220 5		_	
19.		-			CAUSE OF DEA		Betty Jo	raon	8T9 B1	COOKS	PROXIMATE	NTERVAL
77	5 X I				CAUSE OF DEA					BETY	VEEN ONSET	AND DEATH
DISEAS	E OR COND		TLY									
	LEADING TO				(A)IMMEDIATE C	AUSE Su	dden deatl	in in	fancy			
(This does a	noi meon the e, osthenia, éic	mode of dyl	disease.		DUE TO, OR	AS A CONSEC	UENCE OF:					
injury or co	mplication which	h coused deo	ih.)									
	AITECENEAIT	CALICEC										
	OR CONDITION		GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO TH	OR CONDITION	USE (A) STAT	ING THE									
Z	NG CONDITI	ON LASI.			(c)							
		11										
O THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERM	INAL								
20A. DATE O					VHICH OPERATION W	AS PERFORA	MED			121. AUTO	PSY? (Yes	or No)
50												
4/1	NIAL CAUCE	14/A.C		OOD D	ACC OF BUILDRY		100 WHIERE DID	data in the	City is		Yes	
UNDERLYING	NAL CAUSE OF CON LUSE OF DEA	TRIB-		home,	LACE OF INJURY (e.g., form, factory, sireel, office	e bldg., etc.)	NJURY OCCUR?	(ii in Bolhmore	City, give ex	aci location)		
		oy) (Year) (Hou	r) 22	E.INJURY OCCURRED	:	22F. HOW DID IN	JURY OCCU	R?			
OF INJURY (APPROX.)						WHILE ORK						
23.	·····			m. W	OKK LI AIW	OKK LJ						
1 cer	tlfy that I h	eld an Ir	ngulry [7	Inspection Au	topsy T	ond that on t	his basis, d	eath in my	opinion		
	ted from: N		_		sident Sulcid	-		Undetermin				
resu	rea from: N		ees IX	\ Ac	STEED SUIETE							
ACTUAL	/ 4		0)	A		CHIEF MEDICAL				DATE SIG	NED
SIGNAT		ins	2	VC	Jacquio Con. D	. ASSI	STANT MEDICAL	EXAMINER	X			
EXAMIN NAME (IER'S Ch	narles	S. S	pri	igate, M.D.	ASSO	CIATE MEDICAL I	EXAMINER	0c	tober :	18, 19	70
24A. BURIAL CRE		48. DATE		240	NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county) (St	ote)
Burial		10-22-	197	OM	t. Auburn	Cemete	erv R	altimo	re	Mary	land	
25A. DATE REC'E					OF REGISTRAR		FUNERAL DIRECT			ADDRESS	- 0110	
ZUM. DATE REC L			17.0	6	Jaken MA							
	OCT 23	2 1210	- was			NU	TTER FUN	ERAL H	OME 3	035 W	. NOF	'A HT
VS 151-REV. 1/1/6	D					7 0	Q					-

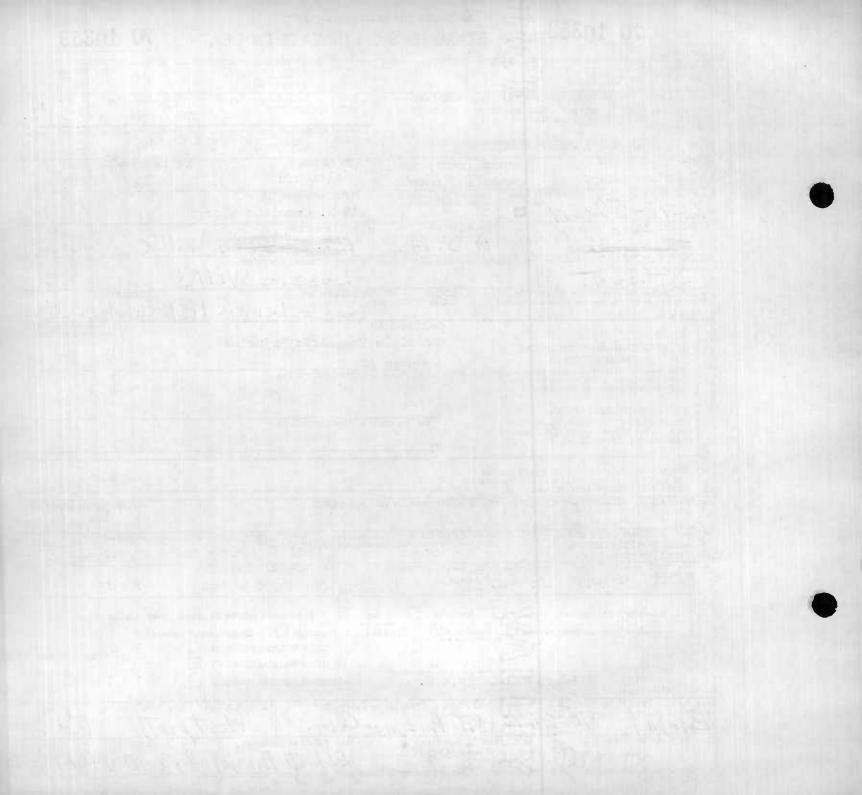




BALTIMORE CITY HEALTH DEPARTMENT

1010	1.0-0	BALTIMORE CITY I	HEALIH DEPARTMENT				
70	103 MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG. NO.) 1	1035

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hnur
(Type or Print) TERETHA WILKES	OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD October 21,1970 1:10 A _{M.}
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
3 3 JOHNS HOPKINS HOSPITAL	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED ATTUER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Fomalo Norma	Baltimore
UNIDOWED ED DIVORCED ED	YES A NO L
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER
10-10-20 11	118 N. Caroline Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
The What Couldn't	Wille Squders
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done ducting most of working life, gyan if refired)	15. MOTHER'S/MAIDEN NAME
Student	Lessie Wilks
IA WAS DECEASED EVER IN U.S. ARMED ECOCES? 117 SOCIAL	18. INFORMANT ADDRESS
(Yes, no grynknown) (If yes, give war or dotes of service) SECURITY NO.	Lessie Lemont 118 N. Caroline St.
19. CAUSE OF DEAT	
270/06/	Traumatic Injuries
DISEASE ON CONDITION DIRECTLY	Tradillatic Injuries
(A)IMMEDIATE C (This does not meen the mode of dying, e.g.,	
heart foliure, asthenia, etc. it means the disease, injury or complication which coused deoih.)	S A CONSEQUENCE OF:
injury or complication which coused debits,	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION TAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
0 7	
22A. EXTERNAL CAUSE WAS 228, PLACE OF INJURY(e.g.,	yes
UNDERLYING OR CONTRIB- home, larm, lactory, street, office	bldg, etc.) NHERE DID (If In Ballimore City, give exact location) Madison Avenue and Bond Street
OF INJURY 10 01 70 (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 10-21-70 12:20 A WHILE AT WORK AT WORK	Passenger in auto-auto collision
23.	
	opsy and that on this basis, death in my opinion
resulted from: Natural causes Accident X Suicide	Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE M.D. M.D.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER 10/21/70
NAME (Type)	TO/21/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 10-24-70 MT. Au has	10/ to the state of the state o
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RESISTRAR	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR D. G. Sauser M.D.	25C. FUNERAL DIRECTOR ADDRESS
OCI 22 1910 14300 -	LATION LYNERAL HOME-1291 (Gralina)
VS 151-REV. 1/1/68	

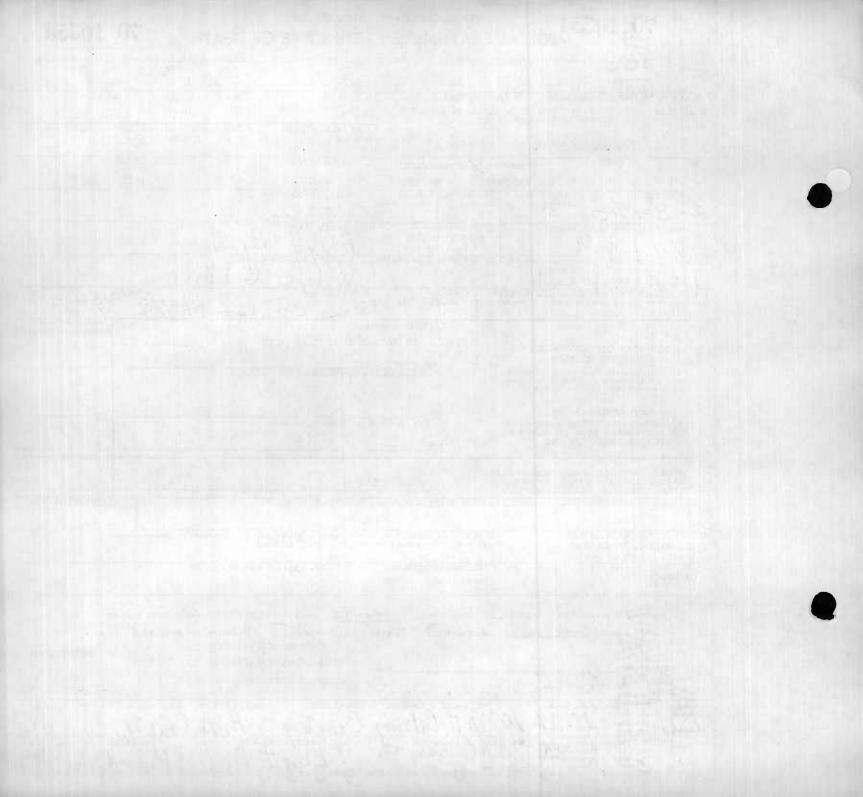


BALTIMORE CITY HEALTH DEPARTMENT

70 10354

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. 70 10354

BI	RTH NO.								REG. NO			
	NAME OF DE		LOUISE	BARNE	ES.	2. DATE OF	Known Estimated	Month	Doy	Yeor	Hour	
4	DIACE IN PA				ONOUNCED DEAD	DEATH 3. DATE	Estituoieo 🖂	Month	Doy	Year	Hour	М.
FU	ILL NAME OF DSPITAL RINSTITUTION	(IF NO		L OR INSTI	TUTION, GIVE STREET	PRONO	INCED DEAD	10 ,	21	1970	6:20	IAI.
0		37 E. 3	Oth St			A. STATE	Md.	deceosed Ir	B. COUNTY	residence b	-06	sion)
6.	SEX	7. RACE		8. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
	female	neg	ro	WIDOW			lto.		YES	SE 1	NO 🗆	
9.	2-3-	1913	10. AGE (In		If Under 1 Yr. 11 Under 24 Hrs. Months Doys Hours Min.		ND NUMBER 37 E. 30th	n St.				
11.	BIRTHPLACE (State or foreign	an country)	1	2. CITIZEN OF	13. FATHER	SNAME B	xrd				
	A.USHAL OCCU			48. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	MAIDEN NAM	ME	0 K /			
[6. (Ye	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	n .	S -	7378	DRESS 30	功士	
	19.4/9	1/0	125	0.9	CAUSE OF DEA		100	7.5			ROXIMATE II	
	DISEAS	E OR COND	MON DIREC	TIV	Arterioscler	otic ca	rdiovascul	lar di	sease	DE1 W	EEN ONSEL	IND DEATH
	DIJEA.	LEADING TO			(A)IMMEDIATE C	CAUSE						
	(This does the heart loilure	ol meon the	mode of dy	ng, e.g., disease,		AS A CONSEQ	UENCE OF:					
	lujury or co	nplication whi	ch coused dec	th.)								
	A	NTECEDENT	CAUSES		(B)							
	DISEASES	OR CONDITI	ONS, IF ANY	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF					
z	UNDERLY	NG CONDIT	ION LAST.	IIIO IIIE	(c)							
5			II									
CERTIFICATION	OTHER SIGN TO THE DE DISEASE O	NIFICANT COL ATH BUT NOT CONDITION	NDITIONS CO	THE TERMI	NAL Diabe	tes						
ERT	20A. DATE O	F OPERATIO	1 20B. CON	IDITION F	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes	or No)
	1 -1 - 1									ye	s	
EDICAL	UNDERLYING UTING		TRIB.	2	28. PLACE OF INJURY (e.g., nome, farm, foctory, street, office	in or obout 2 e bidg., etc.) I	2C. WHERE DID ((II In Baltimo	re City, give exac	t location)		
Σ			Doy) (Year		WHILE AT NOT	WHILE 2	2F. HOW DID IN.	JURY OCC	UR?			
	23.					ORK						
	I cer	tify that I h	eld on l	nquiry _	Inspection Au	topsy X	and that on th	nis basis,	death in my c	plnion		
	resu	ted from: N	latorol cou	ses X	Accident Suicid	_			ned monner]		
	ACTUAL	/	Do	1- 1	1.		CHIEF MEDICAL E	XAMINER			DATE SIG	NED
	SIGNAT		1/1/1	tipla	homs M.D	ASSI:	STANT MEDICAL E	XAMINER	X		DAIL DIO	425
	EXAMIN NAME (Isidore	Miha	lakis, M.D.	ASSC	CIATE MEDICAL E	XAMINER		10-2	1-70	
RE	AA. BURIAL CREEMOVAL (Spec	ify)	1024 1024	70	NT. Glvar	Y Crem	etery	H, A	Count	ty,	(Ste	di di
25	SA. DATE REC'E	OCT 2	2 1970	Table	E. Jaiber, M.D.	. E.	Light Light	FUNE	al Hom	GRESS GB	IN.Co.	ro (IAE)
115	151 DEV 3/2/4	0			7 0 0							



4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES 🚁 NO T If Under 1 Yr., If Under 24 Hrs. Months! Doys Hours! Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. (QHART) LESTER C. WATSON (ABOVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH rears 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that In(my) (aur) apinian deoth occurred on the dote 23B. DATE SIGNED 10/20/70 deceased prior (City, lown, or county) Md. MOS 25A. DATE REC'D BY HEALTH DEPT. OCT 2 2 1970 H.W. Jenkins & Sons Co., Balto., Md. VS 150-REV. 1/1/68

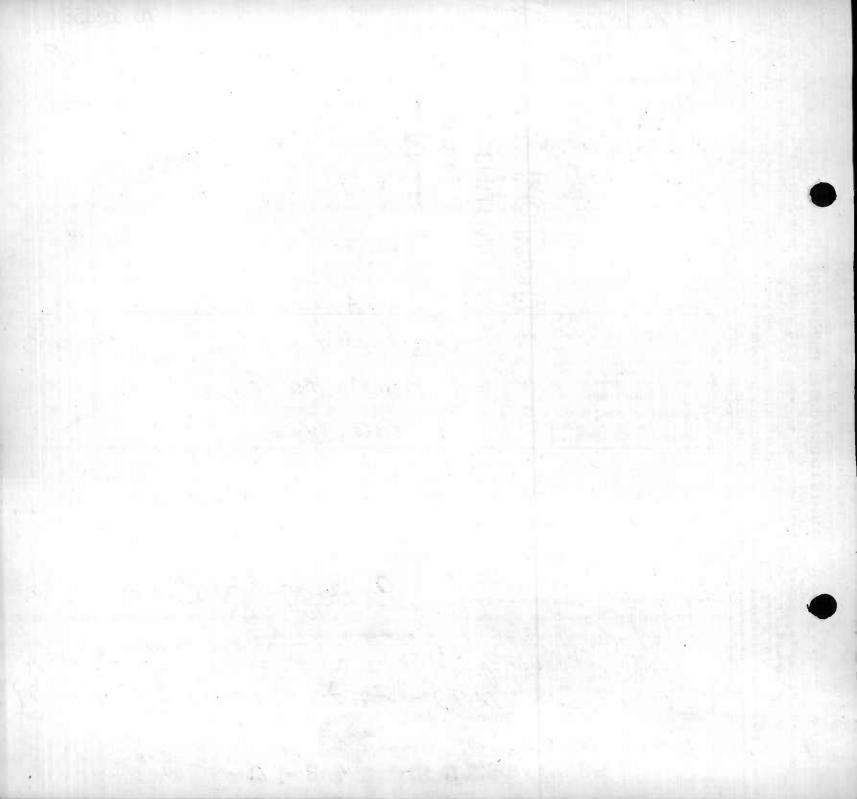


20	BIRTH NO 70 10356 CERTIFICATE OF DEATH REG. NO. 70 10356
0 = 0	I. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
9 0 3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doceased lived, If institution: residence before admission A, STATE B, COUNTY
op ot	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Md C. CITY OR TOWN D. INSIDE CITY LIMITS?
5.	Balto YES NO E. STREET AND NUMBER LIO Mott St
l	5. SEX MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years lost birthdoy) Nonths: Doys Hours Min. Negro VIDOWED DIVORCED X /2/20//3 STG Nonths: Doys Hours Min.
2	Laborer Balto City md.
	John Simms Stella Dorsey
1.5 (Y	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. Pagen CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head failure, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE & Annaheguar C A E DUE TO, OR AS A CONSEQUENCE OF: (B) McColor to the consequence of: (C) (C)
FICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (A. B. O. COUNT) 21C. WHERE DID.
	OR CONTRIBUTING CAUSE OF
MEDIC	DEATH (notify medical examiner)
	22. I certify that (I) (this hospital) attended the deceased from 10 10 19 70 to 1976 that (I) (we) last saw the deceased alive on 1970 and that in (my) (our) opinion death occurred on the date
	and have and from the causes stated abave. (i) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED OCY 20,19)
	23C. PHYSICIAN'S NAME (Type) Parry 2000 100 100 100 100 100 100 100 100 10
	DEGREE THERE ATOMICA
4	DEGREE 24A. BURIAL CREMATION, 24B. DAYE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or copilly) 25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUN

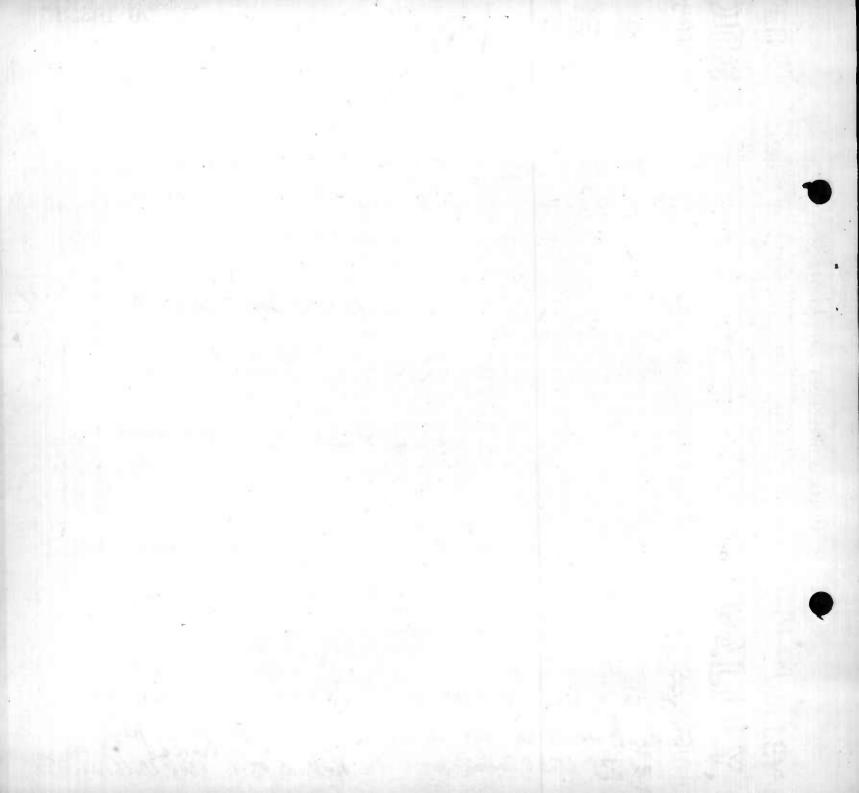




VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B



70 10360	BALTIMORE CITY	HEALTH DEPARTMENT		mo 40000
BIRTH NO.	CERTIFICA.	TE OF DEATH	REG. NO	70 10360
1. NAME OF DECEASED (Type or Print) MCGOWAN, Jot 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUT	-IN	101	ND HOUR OF DEATH	3156
		A. STATE B. COUN	re deceased lived. If i	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)		C. CITY OR TOWN	Baltimore D. INS	IDE CITY LIMITS?
University of Maryland Ho	ospital	E. STREET AND NUMBER		YES NO
5. SEX 6. RACE 7. MARRIED 7.	NEVER MARRIED 8	1830 Walby	9. AGE (In years	ZIZI 7
MIDOWED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF B	DIVORCED	6-8-94	76	Months Doys Hours Min.
Lumbar ua rd		1. BIRTHPLACE (Stote or fore	•	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		4. MOTHER'S MAIDEN NA		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ulf yes, give war or dates of servicel	6. SOCIAL 1	7. INFORMANT	./	ADDRESS
18.	216-09-5102 CAUSE OF DEATH	Helen Love	H	Same
DISEASE OR CONDITION DIRECTLY				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
LEADING TO DEATH (This does not meen the mode al dying, e.g., heart loiture, asthenio, etc. It means the disease,	(A) IMMEDIATE CAUSI DUE TO, OR AS A	e Cerebral Vasc Consequence of:	ular Accide	ent 5 days
injury or complication which caused death.) ANTECEDENT CAUSES		10		
DISEASES OR CONDITIONS, il ony, giving	(B) NYOMOO	Pan - cytoper CONSEQUENCE OF:	lia	Imonth
rise to the obove cause (A) stoling the UNDERLYING CONDITION last	(c) Myelof	ibrosis - sei	vere	Unknown
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Gram-	negative seps	51.5	4 days
19A. DATE OF OPERATION 19E. CONDITION FOR WH		20A. AUTOPSY? (Yes or No	20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., in a form, factory, sleet, office	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exact facation)
OF INJURY (Month) (Doyl (Year) (Hour) 21E, IN While Work	At Not While At Work	21F. HOW DID INJ	JRY OCCUR?	
22. I certify that (1) (this haspital) attended the	deceased from	1	9ta	19
that (I) (we) last saw the deceased alive an		19and the	it in(my) (aur) apli	nlan death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did nat) vie	w the bady after death.		23B, DATE SIGNED
Confeton & Own	OEGREE Phys.	Director L	Shaff Phys.	10/8/70
Carleton B. Davis, M.D.		P. ADDRESS		
	E of CEMETERY of CREM	10	CATION (Cit	ly, town, ar county) (Stole)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	HUBURA	25C. FUNERAL DIRECTOR	Dalto.	ADDRESS
OCT 22 1970 UGB E. Jack	0 11-10	A Elsan F.	4- 1348	Calhoun St



The state of the s

(5) Deceased

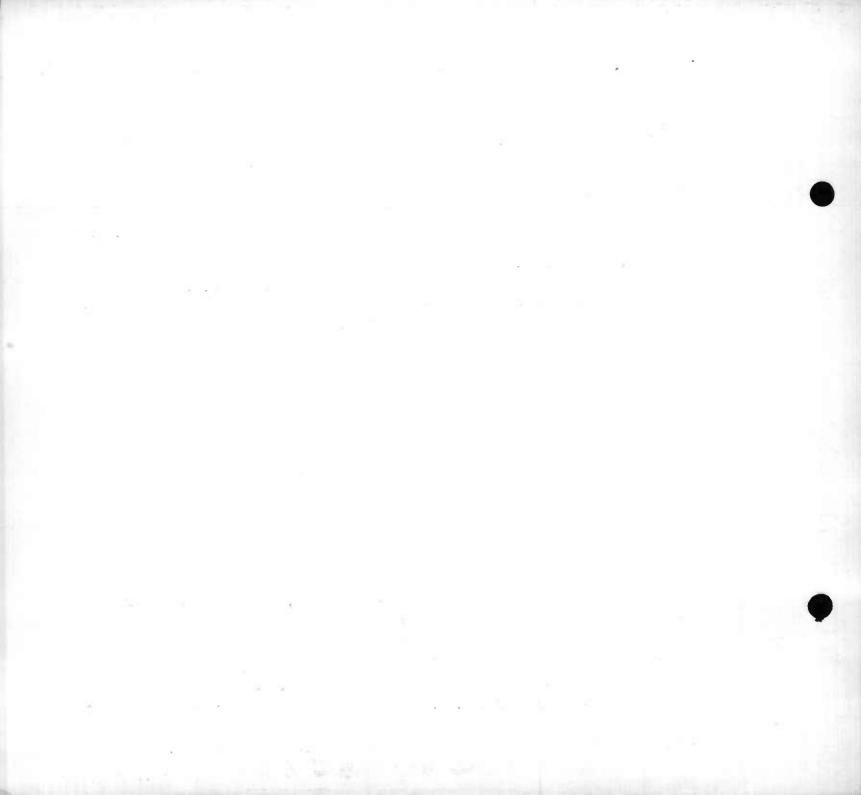
Such

death.

	10362		Y HEALTH DEPARTMENT	REG. NO.	70 10362
BIRTH NO.	FASED	CERTIFICA			
(Type or Print)		TANK TOOMSTI OD		ND HOUR OF DEATH	
3. PLACE IN BAL	IMPSON, WILL	AM JOSEPH SR WHERE PRONOUNCED DEAD	OG:	tober 21, 19'	70 3:15 A. stitution: residence before odmissio
			IN SINIL	1411	stitution: residence before odmissio
FULL NAME OF HOSPITAL OR	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET		ltimore	13-02
INSTITUTION Vet	terans Admini	stration Hospital	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
7 2 390	00 Loch Raven	Blvd.	Baltimore E. STREET AND NUMBER		YES XXX NO
Ba]	Ltimore, Mary	land 21218			
• SEX	6. RACE	T-	1910 Park Ave	9. AGE (In years	
Male	Caucasian			lost birthdoy)	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
DA. USUAL OCCU		WIDOWED XX DIVORCED DIVORCED DIVORCED	10-3-19 11. BIRTHPLACE (Stote or for	51	
one during most of t	working life, even if retired)	The same of positions of the bosts		eign country!	12. CITIZEN OF WHAT COUNT
Laborer			Maryland		U. S. A.
3. FATHER'S NAM			14. MOTHER'S MAIDEN NA	ME	
William	J. Simpson,	Sr.	Louisa Prinz	3	
5. Wos Deceosed	Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT Rec	ords W.A.Hos	mit all ADDRESS
Yes	6-7-41 to 11		3900 Loch Raver	Blad Bol+	imono Md
18. / / 4	7	CAUSE OF DEAT		TANGE, DELL	
DISEAS	E OR CONDITION DI			0 :	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	LEADING TO DEATH		arconomo	Ex LUMA	1.00
heart failure,	ot mean the mode of asthenia, etc. It means plication which caused	the disease.	A CONSEQUENCE OF:	9 1219	- Igai
	NIECEDENT CAUSES				
	R CONDITIONS, if	(B)	A CONSEQUENCE OF:		***************************************
rise to the	abave cause (A)	stating the	A CONSEQUENCE OF:		
UNDERLYING	CONDITION last.	(c)		******************************	
2	11				
TO THE DEATH	CANT CONDITIONS COL	NTRIBUTING EM	physema		(kan
TOA DATE OF	ONDITION GIVEN IN PAR	TI (A).	3		garas
0	WAS PERF	ORMED	20A-AUTOP3Y? (Ves or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
DEATH (notify	T WAS UNDERLYING TING CAUSE OF medical examined	218 PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltimore	City, give exact location)
IOE MILLION	(Month! (Doyl (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?	
(APPROX.)		While At Work At Work	• 🗖		
22 1 eastifu	has Milshin hamitall	TOTAL CONT.		- 60	0.7
) attended the deceased fram S d alive on October 21,	Pr. C	19 70 to Octo	per 21, 19 7

S CONSIDERED ive exact facation) 19 ath accurred an the date and hour and from the causes stated above. (M) (We) (did) (AND) view the bady after death. 23A. SIGNATURE 238, DATE SUGNED Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS A. Hospital 3900 Loch Raven Blvd., Baltimore, Md. Lawrence Yills, Jr. M. DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 10/23 Burial 70 Baltimore 25B. NAME OF REGISTRAR Lobert E. Warber Cemetery Baltimore, National 25A. DATE REC'D BY HEALTH DEPT.

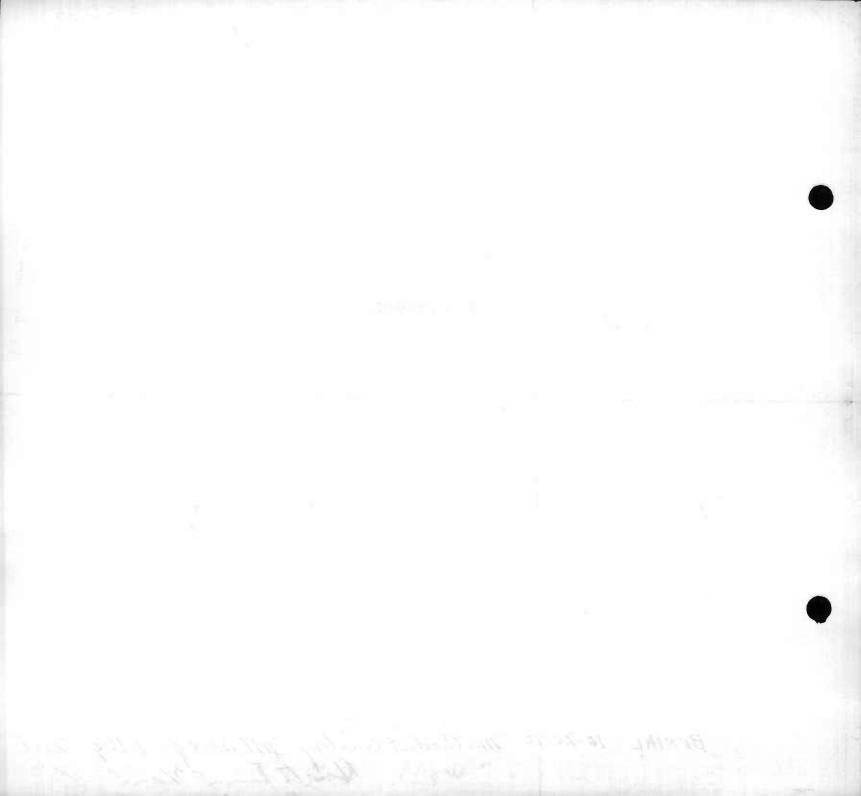
OCT 2 2 1970 ADDRESS Watzka, Alon Edmondson Ave., VS 150-REV. 1/1/68



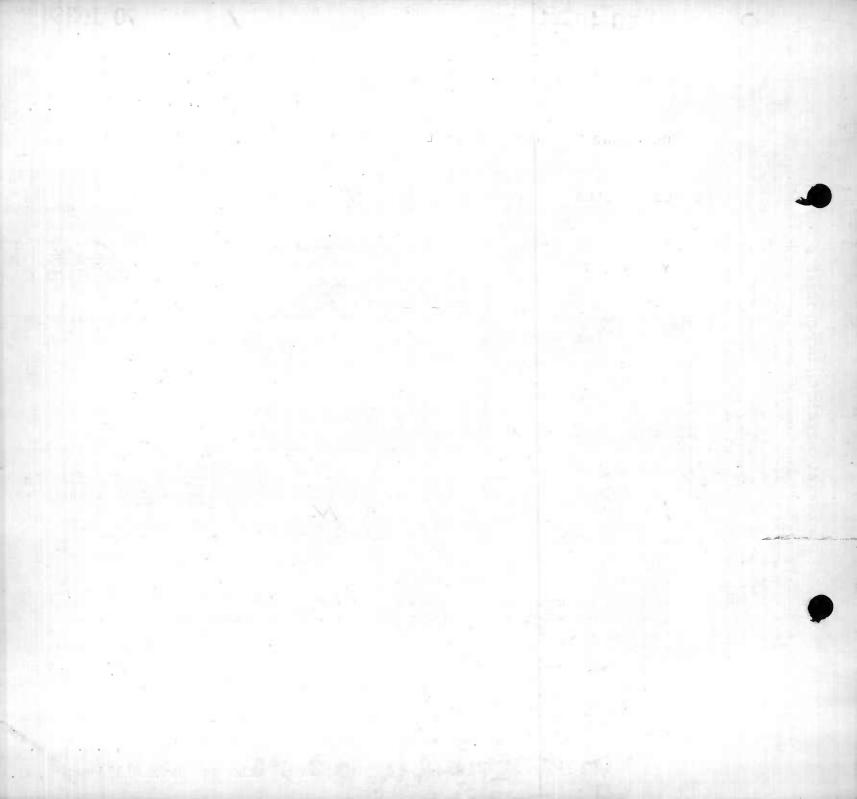
VS 150-REV. 1/1/68

a hospital and

			BALTIMORE CITY	HEALTH DEPARTMENT		70 40000
BIRTH NO.	70 10363		CERTIFICA	TE OF DEATH	REG. NO	70 10363
1. NAME OF DECE (Type or Print)	FRANKENK	PRRV	toseph	2. DATE	NO HOUR OF DEATH	7 36
3. PLACE IN BALT	IMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived, If in	stitution: rosidence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	HE NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MD.	Alheghery	B 51-00
	10. MAR	CYLAN	N HOSP-	MT. SAVAGE E. STREET AND NUMBER	D. INSI	YES NO
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE, OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months; Days Hours; Min.
M	CAUC.	WIDOWED	DIVORCED	3/16/12	lost birthday)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
10A. USUAL OCCU done during most of w	PATION (Give kind of worl orking, life, even if retired)	1	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at for	eign country)	12. CITIZEN OF WHAT COUNTS
FOREMAN-	KD. DEPT.	(0	UNTY KOS.	MARGO	www n	USA
3. FATHER'S NAM	_	_	1	14. MOTHER'S MAIDEN NA	AME	
	omus +	RANKE	a berry	Miller	2	
Yes, na or unknown)	Ever in U. S. Armad For Uf yes, give war ar dota	s of sarvice)	16. SOCIAL SECURITY NO. 2/4-01-0147	17. INFORMANT	SRT.	ADDRESS
(This does no heart laiture, a injury or comp DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION THE DEATH	teading to death the made of sthenio, etc. It means itication which coused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. ANT CONDITIONS CON BUT NOT RELATED TO THE	the disease, death.) ony, giving stating the	(B) Aprice	SE HEUTE MY A CONSEQUENCE OF: VALUE SURGERO A CONSEQUENCE OF:	OROWARY	Cheliusias "
	PERATION 198 CONI	I (A). DITION FOR VORMED	VHICH OPERATION	20A. AUTOPSY? (Yas or N	o) 208, IF YES, WERE F	INDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUT	WAS UNDERLYINO DE CAUSE OF medical examines	218,	PLACE OF INJURY (e.g., in	at a bout 21 C. WHERE DID	(If In Boltimore	City, give exact lacation)
-	Month) (Day) (Year)		INJURY OCCURRED Ref Not While At Work	21F. HOW DID IN.	TURY OCCUR?	
	nat (1) (this hospital)			10/13	19 <u>70 to</u>	10/16 19 70
1	ast saw the decease		OCT. 16	19 <u>70</u> and th		on death accurred on the dat
and haur and	rom the couses state	ed above. (H)	(We) (did) (did not) vi	ew the body after death.		
Yau	ull- Xa	elefor	MO-DEGREE Phys.	ding Med.	Staff Phys.	23B, DATE SIGNED
PAME (Typ	nes M. C	BLACKE	ORD MD.	ONIU. MI). HOSPITA	Y
REMOVAL (Sp.	ATION, 248, DATE	76 72	1.+1 /11	MATORY 24D. L	OCATION (City	, town, ar county) (Stote)
SA. DATE REC'D B		25B. NAME O	F REGISTRAR	25C FUNERAL DIRECTOR	11. Savage	-alleg, ma



VS 150-REV. 1/1/68

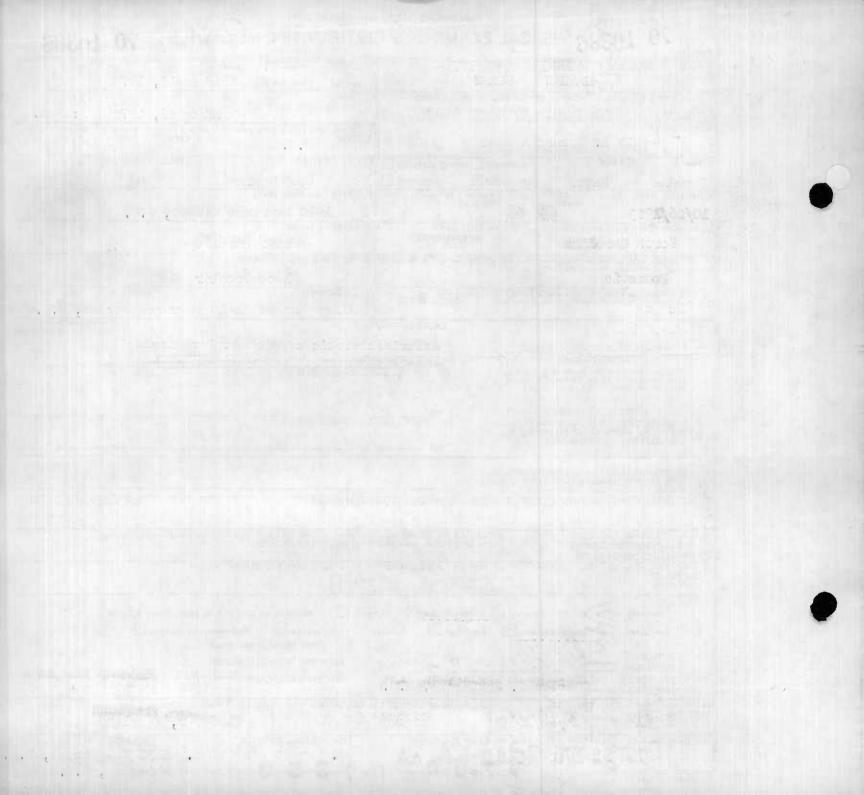


VS 150-REV, 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

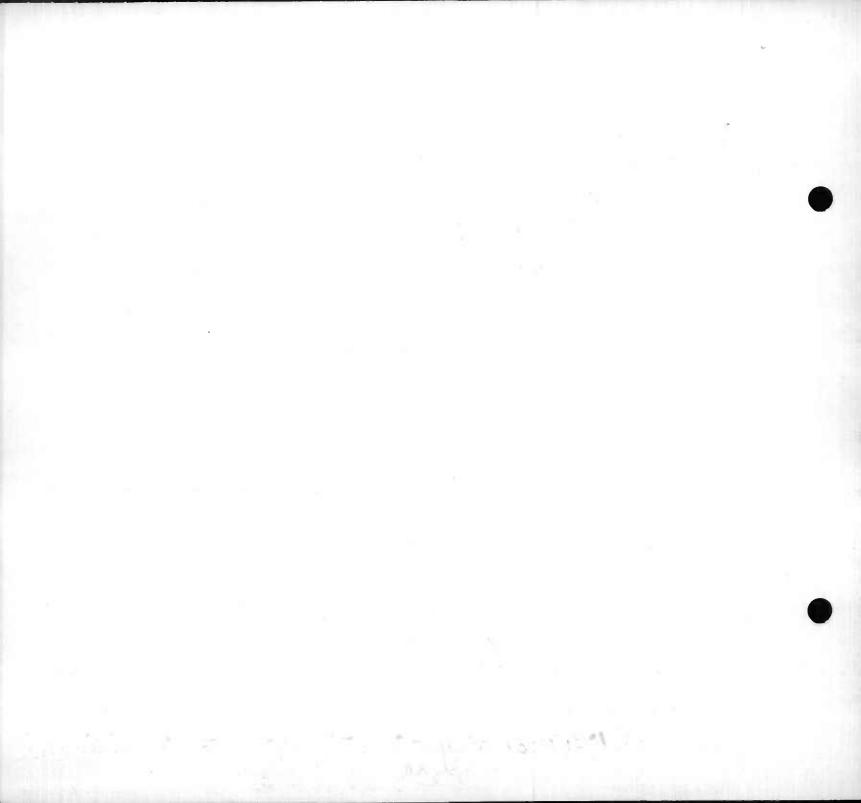
70 10366 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 21	0.10366
t. NAME OF DECEASED FRANKIE MERRITT 2. DATE Known X Month Doy (Type or Print) FRANKE MURRY DEATH Estimated October 15, 197	Year Hnur 70 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) October 15, 197	Year Hour
OR INSTITUTION 28 N. Gorman Avenue 5. USUAL RESIDENCE (Where deceased lived. If Institution; residual for the company of the	idence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY II Female Negro WIDOWED DIVORCED Washington YES	
9. DATE OF BIRTH 10.AGE (In years lost birthday) If Under 1 Yr. 11 Under 24 Hrs. E. STREET AND NUMBER Months: Doys Haurs Min. 1610 Lawrence Street N.E.	
11. BIRTHPLACE(Stote or foreign country) North Carolina 12. CITIZEN OF WHAT COUNTRY? Hester Merritt	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if relired) Domestic Alice Trosler	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 18. INFORMANT Alice Morgan 1610 Lawrence S	
LEADING TO DEATH (A)IMMEDIATE CAUSE (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21.	AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II in Boltimore City, give exact lock home, farm, foctory, street, office bidg., etc.) INJURY OCCUR?	No cotion)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) "m., WORK NOT WHILE AT WORK AT WORK	
23. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apin resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Octol 24A. BURIAL CREMATION, REMOVAL (Specify) 10/21/1970 Harmony Landover Maryl	DATE SIGNED ber 15, 1970 county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDR	



R. 200

BIRTH NO.	103	MED	ICAL	EX.	AMI	NER'S	CERTI	FICA	TE OF	DEAT	TH REG. N	30 10	1367	
I. NAME OF DEC	CEASED	Lbert					2. DATE	E Kı	nown 🔲	Month	Doy	Yeor	Hnyr	
(Type or Print)		ALBERT	ROSS	3			OF DEAT		itImoted 🔲					
4. PLACE IN BAL					INCED DE	AD	3. DATE	11		Month	Doy	Yeor	Hour	М.
FULL NAME OF	(IF NO	T IN HOSPITA	L OR INST				PRO	NOUNCE	D DEAD	10	20	1970	10:22	n
OR INSTITUTION	ADDRE	SS OR LOCA	IION				5 115114	1 DESIDE	NICE (Whee			tion; residence		. M.
	C . (.)	. 7			- 1		A STAT	E	_	e deceosed i	B. COUNT	Y A	Defore odmis	islon)
6. SEX	South E	altimo	فبالتفاء					Mo				25	-44	=
o. SEX	7. RACE		1		NEVER M	ARRIED	C. CITY	OR TOW			D. INSIDE	CITY LIMITS?		
ma le	whit	e	WIDOW	VED 🗌	DI	ORCED		Balto	٥.			YES 🖾	NO 🗆	
9. DATE OF BIRT	Н	10. AGE (In		If Unde	or I Yr. II U	nder 24 Hrs.	E. STRE	ET AND	NUMBER					
8/26/24		56		monnia		1 11111.	8	314 Ja	ack St					
11. BIRTHPLACE (S	State or foreig	n country)		12. CIT	IZEN OF		13. FATE	HER'S NA	ME					
Kent	ucky			WH	IAT COUN	ITRY?	S	anfor	d Raxs	Ross				
I 4A USUAL OCCU	PATION (GIV	kind of work	14B. KIND											
cone during most of v	vorking lite, ev	en if rettred)								11300				
Painte		U.S. ADALER			truct				Kelly					
16. WAS DECEAS	(If yes, give v	or or doles	of service))	7. SOCIAL	TY NO.	IS. INFO	ORMANT				ADDRESS		
be		-		1	14-20	TY NO. -1654	Roge	r Ros	s 415	W.Fif	th Ave	.Balto.		
19.4/2	4.		5 7 7		CAU	SE OF DEA	TH					. ^	PPROXIMATE IN VEEN ONSET AL	TERVAL
DISEAS	E OR COND	MON DIPE	TIV									DETA	AEEM ONSE! YI	ND DEATH
	LEADING TO		-161				ALLER E	luner	tensi w	e card	iovasc	ular di	sease	
(This does n	ot mean the	mode of dy	lng, e.g.,		(A)	MMEDIATE O				o cara	101400	arai di	ocabe	
Injury or con	, ostnento, etc. nplication whic	h coused dec	disease, th.)											
	NTECEDENT				(8)_									
RISE TO THE	OR CONDITION	ONS, IF ANY USE (A) STAT	GIVING			UE TO, OR	AS A CON	VSEQUEN	CE OF:					
UNDERLYIN	G CONDI	ON LAST.			(c)_									
<u> </u>		11			lov									
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	IFICANT CON	IDMONS CO	NTRIBUT	ING										
DISEASE OR	ATH BUT NOT	RELATED TO	THE TERMI	NAL										
20A. DATE OF				FOR WI	HICH OPE	PATION W	S PEDEO	PMED				DI AUTO	DEVO /Van au	- NI-X
7						AAIIOII III	J ILKI C	MINED				21. AUIO	PSY? (Yes or	rNoj
Z 22A. FXTERI	NAL CAUSE	N/AC	10	000 04 0		***************************************		Lana W				yes	S	
O HAIDERI VIAIG				home, fo	ICE OF II	WURY (e.g., , street, offic	In or obou bldg etc.	A 22C, W	HERE DID	(If in Boltimo	re City, give	exact location)		
# UTING □ CA	USE OF DEA													
≥ 22D. TIME (Month) (D	oy) (Year) (Hour) 22E.	INJURY C	CCURRED		22F. H	OW DID IN	JURY OCC	UR?			
(APPROX.)				m. WHI	LEAT	NOT	WHILE T							
23.				1101	~ <u> </u>	AT W	ORK LJ							
I certi	Ify that I he	eld an Ir	quiry [] 1	nspection	Au	opsy K	and	that on t	his basis.	death in n	av oninion		
resule	ed from: No										ned manne			
763011	ou nom.	TOTAL LOO	03 (2)	Acc	toaut [SUICIO	• 🗀				ned manne	* LJ		
ACTUAL	(7	/	16				MEDICAL E		H		DATE SIGN	IED
SIGNATU	JRE	X_/	m	lal	ando	M.D	. A	SSISTANT	MEDICAL E	EXAMINER	lxl			
EXAMINE		Taidan	- Mal	1 . 1	led a	/ D	AS	SOCIATE	MEDICAL E	XAMINER		10 (70	
NAME (T		Isidor	e MII									10-2	21-70	
24A. BURIAL CREA REMOVAL (Specif	NATION, 2	4B. DATE		24C.1	NAME of	CEMETERY	or CREMA	ATORY	24D.	LOCATION	(City, to	wn, or county)	(Stote	•)
Burial		10/2	1/70	So	uth W	ebster	Ceme	terv	So	uth We	bster	0	hio	
25A. DATE REC'D	BY HEALTH D		25B. NA		F REGISTR				AL DIRECTO			ADDRESS		
	T231													
44	1 60 1	3/4 70	Deal !	S. J.	letter ?	AY D.	M	CCNT 7	TE France	ral He	ma 237	Pataps	CO ATTO	
/S 151-REV. 1/1/68					To the same of		1 13-1	O WAT T	AL TOTAL	THE STATE SALE	mo est	Taronha	CO 22 AG	-

Letter from M.E.'s office 1-13-71 M.H.



IMPORTANT

DIRECTOR:

FUNERAL



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

Carriery grant of

BALTIMORE	CITY	HEALTH	DEPARTMENT	

	1
CERTIFICATE OF DEATH	X

	REG.	NO	70	10372
1			10	THOIC

SIRTH NO.			
NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH .
Bellen. Hall		10/16/70	8:35 AM
B. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	It institution: residence before admission)
		A. STATE 8. COUNTY	C 69
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAL	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	INSIDE CITY LIMITS?
Hood Convaleses 5313 Edmond So	ent Home Inc.	marionStation	YES NO
53/3 Edmond So	mare.	E. STREET AND NUMBER	
0 Balto. md. 2/2:	29.		
	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
F. W	WIDOWED DIVORCED	4-8-1882 lost birthday) 88	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work		RY 11. 8IRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)		8	. U.S. A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	. u.s. 11.
Samuel Ford		Virginia Ward	
was Deceased Ever in U. S. Armed Fore es,no or unknown) (It yes, give wor or dote:	s of service) 1 6. SOCIAL SECURITY NO.		2021. Rolling R
no	219-34-4011	Mrs. mary Ann ButLER	Balto Md. 21228
18.6/1//> 01//	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIE	RECTLY	2	BETWEEN ONSET AND DEATH
LEADING TO DEATH		were livered to be like	dans
(This does not mean the made of	dying, e.g., (A)IMMEDIATE CA	AUSE Lirculating faithe	
heart tailute, asthenia etc. It means	the disease		
heart failure, asthenia, etc. It means injury or complication which coused		·	
injury or complication which coused		·	s year,
ANTECEDENT CAUSES		·	s year,
injury or complication which coused	death.) (8) any, giving DUE TO, OR A	Generalize Athenselows) AS A CONSEQUENCE OF:	s year,
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	death.) (8)any, giving DUE TO, OR A	·	s year,
DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	death.) (8) any, giving DUE TO, OR A	Generalize Atheniclems	
DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	death.) (8) any, giving DUE TO, OR A stating the (C)	·	year,
DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	death.) any, giving DUE TO, OR A CC)	Seneralize Athensilanssi AS A CONSEQUENCE OF: D. Mellitus	Year.
DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS COINT TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	death.) (8) any, giving DUE TO, OR A stating the (C) NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION	D. Mellitus [20 A. AUTOPSY? (Yes or No!] 208, IF YES, WI	Year.
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE D	death.) any, giving DUE TO, OR A COLOR OF TO THE TOTAL OF THE TERMINAL TOTAL OF THE TER	D. Mellitus 20 A. AUTOPSY? (Yes or No) 208, IF YES, WI	Year), ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	death.) any, giving DUE TO, OR A COLOR OF TO THE TOTAL OF THE TERMINAL TOTAL OF THE TER	D. Mellitus 20 A. AUTOPSY? (Yes or No) 208, IF YES, WI	Year), ERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DEATH	death.) any, giving DUE TO, OR A COLOR OF TO THE TOTAL OF THE TERMINAL TOTAL OF THE TER	D. Mellitus 20A. AUTOPSY? (Yes or No) 208, IF YES, WIN CERTIFYING	Year), ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COID IN PART 19A. DATE OF OPERATION 19B. CONWAS PERFORM CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year)	death.) (8)	D. Mellitus 20A. AUTOPSY? (Yes or No) 208, IF YES, WIN CERTIFYING	Year), ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE DEATH OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year)	death.) (8) any, giving DUE TO, OR A DUE T	D. Mellitus 20A. AUTOPSY? (Yes or No) 208, IF YES, WI IN CERTIFYING of line bidg., INJURY OCCUR?	Year), ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS COINTO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19B. CONWAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (APPROX.)	death.) (8)	AS A CONSEQUENCE OF: D. Mellitus 20A. AUTOPSY? (Yes or No) 208, IF YES, W. IN CERTIFYING IN CERTIFYING office bidg., INJURY OCCUR?	Year) = ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19B. CONTINUED TO THE DEATH (notify medical examiner) 21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21.D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital)	death.) (8)	D. Mellidus 20A. AUTOPSY? (Yes or No) 208, IF YES, WI IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exect location)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PARTITION 19A. DATE OF OPERATION 19B. CONWAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21.D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	death.) (8)	AS A CONSEQUENCE OF: D. Mellitus 20A. AUTOPSY? (Yes or No) 208, IF YES, W. IN CERTIFYING IN CERTIFYING office bidg., INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exect location)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B. CONWAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital)	any, giving DUE TO, OR A Stating the (C)	20A. AUTOPSY? (Yes or No) 208, IF YES, WI IN CERTIFYING IN JURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 ond that in (my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exect location)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONWAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this haspital that (I) (we) lost sow the decease	any, giving DUE TO, OR A Stating the (C)	20A. AUTOPSY? (Yes or No) 208, IF YES, WI IN CERTIFYING IN JURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 ond that in (my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COID IN THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CONWAS PERFORM CAUSE OF DEATH (notify medicol examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital that (I) (we) lost sow the deceose ond hour and from the couses stated.	any, giving DUE TO, OR A Stating the (C)	D. Mellidus 20A. AUTOPSY? (Yes or No) 208, IF YES, WI IN CERTIFYING	Plant Indicated CAUSES OF DEATH? Imore City, give exect location) 10 16 19 70 opinion death occurred on the data
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION SCOTTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PARTITION 198. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examines) 21.D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this haspital that (I) (we) lost sow the decease and hour and from the causes state 23A. SIGNATURE	any, giving DUE TO, OR A Stating the (C)	20A. AUTOPSY? (Yes or No) 208, IF YES, WI IN CERTIFYING 21F. HOW DID INJURY OCCUR? 1967 to	Plant Individual Considered Causes of Death? Impore City, give exect location 10 16 19 70 opinion death occurred on the date
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CONWAS PERFORM CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (I) (this haspital that (I) (we) lost sow the decease and hour and from the couses stated.	any, giving Stating the (C)	20 A. AUTOPSY? (Yes or No) 208, IF YES, WI IN CERTIFYING 20 A. AUTOPSY? (Yes or No) 208, IF YES, WI IN CERTIFYING 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? hile 3 / 6 / 196.7 to 19.7 a ond that in(my) (our) view the body after death. Attending A Med. Director Phys. 23D. ADDRESS	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exect location) 10 16 19 70 opinion death occurred on the data
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COIT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONWAS PERF (A) CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21.A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21.D. TIME (Month) (Day) (Year) APPROX.) 22. I certify that (I) (this haspital that (I) (we) lost sow the decease ond hour and from the causes state 23A. SIGNATURE 23.C. PHYSICIAN'S NAME (Type) ANAME (Type) ANAME (Type) ANAME (Type)	any, giving DUE TO, OR A Stating the (C)	AS A CONSEQUENCE OF: D. Mellidus	ere FINDINGS CONSIDERED CAUSES OF DEATH? Imore City, give exect location) 10 / 16 / 19 70 opinion death occurred on the date 238. DATE SIGNED
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1974. DATE OF OPERATION 1978. CONWAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital that (I) (we) lost sow the deceose ond hour and from the couses stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Advance.	any, giving Stating the (C)	AS A CONSEQUENCE OF: D. Mellidus	PRE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exect location) 10

U

V\$ 150-REV. 1/1/68

BRADSHAW + SONS - CRISFIELD, MD

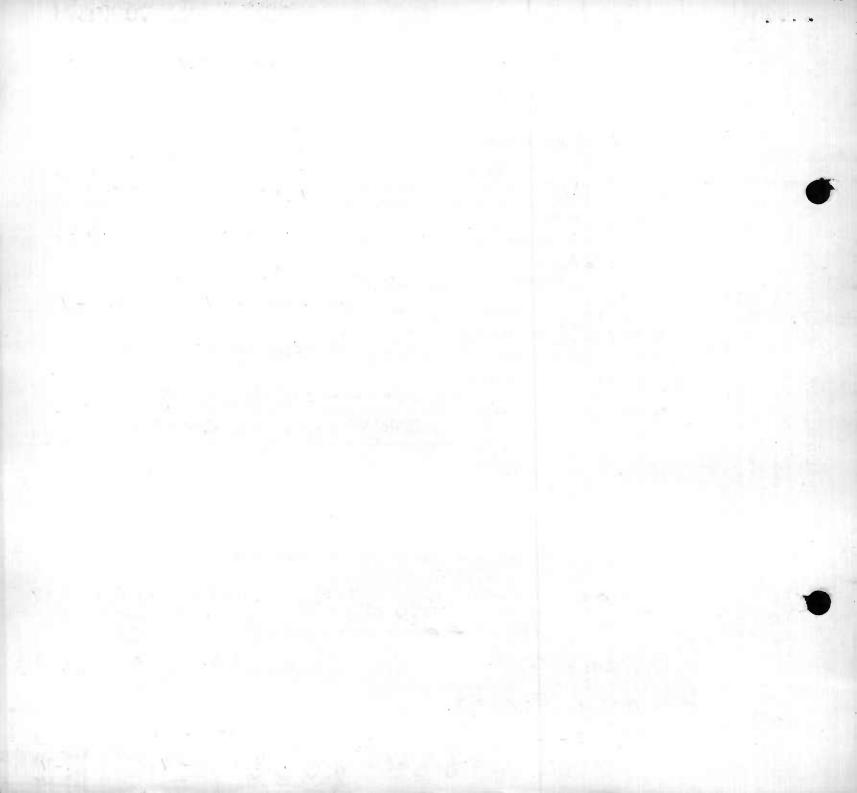
Carabay falor committee Albertain Com Many of Bad W 21220 Adams H Songe - 1811 Frederick Ed

					BALTIMORE CITY	HEALTH DE	PARTMENT		iion	
BIRT	H NO.	70 1	0373		CERTIFICA	TE OF	DEATH	REG. NO	70	10373
1. N.	AME OF DEC	EASED	MITTITA	M I	AWRENCE DOYLE			18 AND HOUR OF DE	ATH	-0013
							10,	/18/70		11:15 A.
3. PL	LACE IN BAL	IIMORE MA	RYLAND, WI	IERE PR	ONO UN CED DEAD	4. USUAL R	B. COU	nere deceased lived	. It institution:	residence before admission
HOS	L NAME OF	(IF NOT ADDRES	IN HOSPITA	L OR IN	STITUTION, GIVE STREET	Md c. CITY OR I	., 212			1-01
11431	HOHON						ltimor	1 '	INSIDE CITY YES	
	00	2812 (D'Donn	ell	Street	E. STREET A	ND NUMBER		123 10	NO L
5. SE	00	6. RACE	7-					onnell S		
	ale				RIED NEVER MARRIED	8. DATE OF E		9. AGE (In years last birthday)	If Una Month	der 1 Yr. It Under 24 H s Doys Haurs Min.
10A, t	USUAL OCC	White	kind ot work 1	OR KIN	MED DIVORCED DIVORCED DIVORCED DIVORCED	9/8/9:	CE (State or for	79	122 CI	TITEL OF WILL SOUR
done	during most of	working life, even	n it relired)					icigii cooniiy	12.0	TIZEN OF WHAT COUNT
	ATHER'S NA		. R	Ame	r.Can Co.	Mary	S MAIDEN NA	AME		
	N	Martin	Doyle					McNama:	ra	
15. W	os Deceased	Ever in U. S.	Armed Force	s?	1 6. SOCIAL	17. INFORMA		Juneway		ADDRESS
(1 6.9%)	no	ur yes, give	wor or dates		security No. 212-09-5243			Ginery		
1:	8. 4//	2: 4/1			CAUSE OF DEATH	Natil.	teen w.	Ginery	, neice	APPROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIRE	CTLY				- 2		BETWEEN ONSET AND DEA
Ι,	This does n	LEADING TO al mean the		lutaa	(A) IMMEDIATE CAU	SEArter	ioscle	rotic Ca	rdio-	7 yrs.
1.7	hearl failure,	aslhenia, etc.	II means I	ne dise	ase, DUE TO, OR AS	CONSEQUEN	ce of: lar Di	99999		
		plicalian which		eam.)		vascu	Tal DI	sease		
		R CONDITION		u si	ving DUE TO, OR AS	A CONSEQUE	NCE OF	*****	********	
_ ri	ise to the	above ca	use (A) s	laling	the	A COMSEQUE	NCE OF:			
	DADEKLIING	CONDITION	V last,		(c)	***************************************			***************************************	
NO O	THER SIGNIF	CANT CONDI	IONS CON	TRIBUTII	NG					27
< 10	ISEASE OR C	H BUT NOT REP	EN IN PART	(A).	******************					***************************************
CERTIFIC	9A. DATE OF	OPERATION	198 CONDI	TION F	OR WHICH OPERATION	1	PSY? (Yes or N	a) 208. IF YES, W	ERE FINDING	S CONSIDERED DEATH?
3 2 2 1	1A. ACCIDEN	T WAS UND	ERLYING		218 PLACE OF INJURY (e.g., in	No.				
_ 0	K COMINBU	TING CAU	SEOF		hame, form, foctory, street, off	ice bldg. INJU	RY OCCUR?	(II In Bol	timare City, gi	ve exact location)
0 21	D. TIME	(Manthl (Da		(Hour)	21E INJURY OCCURRED	215	HOW DID 4N	JURY OCCUR?		
> 1	F INJURY APPROX.)				While At Not While		HOW DID IN.	JOK! OCCUR!		
2'	2 1	shee /1\ /al-1=	1 (4-1)		Wark At Work		**	FO 0	A + 10	
11	hat (1) (we)	lact caw the	deserted	allus	ed the deceased from F			19 50 to 0		T monthease
- 1					e. (1) (We) (did) (did not) vi	IY	and th	not in (my) (aux)	opinian dec	ith occurred on the da
23	A. SIGNATU	E	0303 310100	, and ve	(i) (iie) (ara) (ala not) Vi	ew the body	after death.		228 DA	TE SIGNED
	Cl	arence	- W	te	140		Med.	Shaff		20/70
23	NAME (Ty	4.2			DEGREE	3D. ADDRESS	Director 🗀	Phys. L	10/	20//0
		Dr.	Clare	nce	W. LeDoux	3	023 Ea	stern Av	enue	
24A. I	BURIAL CREA	AATION, 248.	DATE	240	DEGREE			OCATION	(City, tawn,	ar countyt (Statet
	Buria		0/21/	70 N	New Cathedral	Cemete		Baltimor	•	
25A. [BY HEALTH D	EPT. 2	& NAA	AE OF REGISTRAR			Funara 1	II	ADDRESS
		CT 231	3/0	الكيدي	E. Parley, M.D.	0 333	Breh	Funeral ms Lane	Home,	inc.
'S 15	0-REV. 1/1/6	8								

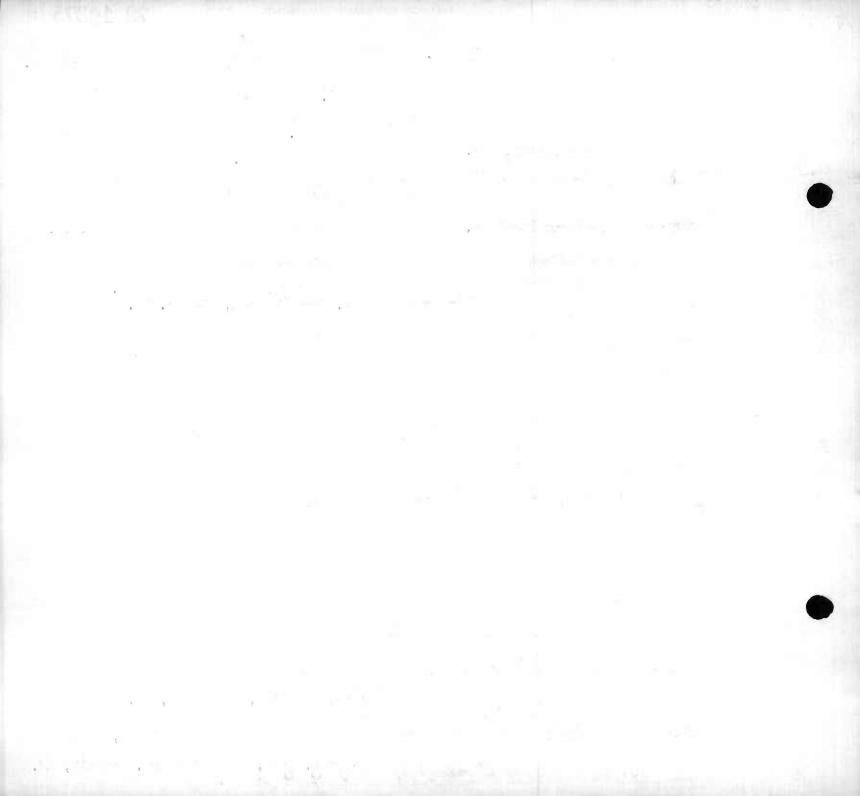
- 1

Charme es horage

BA	LTIMORE CITY HEALTH DEPARTMENT	REG. NO. 70 10374
BIRTH NO. 70 19374 CE	RTIFICATE OF DEATH	REG. NO. 10 13014
I. NAME OF DECEASED (Type or Print) Anthony A. Pardo		tober 19,1970 3P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D		here decoased fived. If institutions residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI	VE STREET MAryland	26-31
STITUTION ADDRESS OF LOCATION)	C. CITY OR TOWN Baltimore	D. INSIDE CITY LIMITS? YES NO
5918 Plumer Avenue	E. STREET AND NUMBER	
00	5918 Plum	ner Avenue-21206
SEX 6. RACE 7. MARRIED X NEVER		9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Made White WIDOWED I	DIVORCED June 12, 1914	teian country) 12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		
Barber Self-Emple	oyed Baltimore	
Pale Pardo	A.	
	AL 17. INFORMANT	ADDRESS
	RITY NO.	
	USE OF DEATH	5918 Plumer Avenue-21206
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE O	Squamous Coff Consequence of: Meso phary with	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING home, form, for	FINJURY (e.g., in or obout octory, street, office bldg., INJURY OCCUR?	(If in Baltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY	OCCURRED 21F. HOW DID IN	NJURY OCCUR?
OF INJURY (APPROX.) While At Work	Not While At Work	
22. I certify that (this hospital) attended the decea that (1) (1) last saw the deceased alive on and hour and from the causes stated above. (1) (234) SIGNATURE 23C. PHYSICIAN'S NAME (Type)	WW 15 19 70 and	that in (my) (our) opinion death accurred on the date. 23B, DATE SIGNED Phys. Det. 20, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	DEGREE 24D.	LOCATION (City, town, or county) (Stole)
REMOVAL (Specify)	0 5 446 6	Balto. Nd.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	PAR of Faith CONTRACTORECTO	OR ADDRESS
2CT 23 1970 Joben E. Jan	Box M.D. John Gr. Mip	fler Inc-6415 Belair Rd21206
VS 150-REV. 1/1/68		



	1510 A = 0	total from	BALTIMORE CITY	HEALTH DEP.	ARTMENT		70	1037	5
BIRTH NO.	70 103	75	CERTIFICA	TE OF D	DEATH	REG. NO.		1001	
Type or Print	de Haddock	(Clyde S. Haddo	ck	2. DATE A	21/70	(TH	7:00	o 0.
3. PLACE IN BAL	TIMORE MARYLAND, Y	HERE PRONO	UNCED DEAD	4. USUAL RES	SIDENCE (WH	ere deceased lived.	II, institution: res	sidence befare	_
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT ATION)	UTION, GIVE STREET	C. CITY OR TO	B. COU	Baltimore	//	53	100
37	Mercy Hosp	ital, I	nd.	E. STREET AN	to		YES	№]
s. sex Male	6. RACE White	7. MARRIED	NEVER MARRIED	8. DATE OF BI	RTH	9. AGE (In years	If Under	1 Yr. If Un Doys Hours	der 24 Hr
		WIDOWED		8/23/	^{'86}	last bisthday)	Months	Doys Hours	Min.
DA. USUAL OCCI	WOLKING lile, even it relired	1	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Slote or for	eign country)	12. CITIZI	EN OF WHAT	COUNT
Retired	l Bethlehem	Steel	Co.	N	Jorth Ca	arolina		U.S.	Α.
3. FATHER'S NA		-		14. MOTHER'S	MAIDEN NA	ME			
	Lvester Haddo			Eli	zabeth	Hudson			
No Nes Deceased	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 216-10-0481	17. INFORMAN Mrs. No	(MTTE	2620 Madock, Balt	nor Ave		
18. // /	9		CAUSE OF DEATH					APPROXIMATE	INTERVAL
(This does no heart toilure, injury at came A DISEASES Onise to the	LEADING TO DEATH all meen the mode of asthenio, etc. Il means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, il obove cause (A)	the disease, death.)	(B) LL L	MONSEQUENC	E OF: Ay CE OF:	DE LAN METAS	TASIS		
UNDERLTING	CONDITION last.		(c) 1000 101 12	00 k	IINAL	1º12 (1951	asks		
ID THE DEATH	CANT CONDITIONS COIL H BUT NOT RELATED TO THE CONDITION GIVEN IN PART	E TERMINAL	***************	***************************************	*****************************	***************		•••	
19A-DATE OF	OPERATION 198. CON	ORMED	WHICH OPERATION	N E	SY? (Yes or N	O 208 IF YES WE	RE FINDINGS C	ONSIDERED	
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examines	21 B. hom elc.l	PLACE OF INJURY (e.g., in e, form, loctory, street, off	or obout 21C. Wice bldg., INJUR	THERE DID	(II in Boltin	more City, give	exoct location)	
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED le At		OW DID IN.	JURY OCCUR?			
22. I certify	that (+) (this hospital)	attended ti		10 -	3	19 20 to 10	5-21	19	9 70
	last saw the decease		10/21	19	ond th	nat In (my) (our)	pinian death		
and have and	from the causes state	ed abave. N) (We) (did) (did not) vi	ew the bady o	after death.				
	ich A. C	Ude	My User Phys.	ding N	Aed.	Staff Phys.	238. DATE	/	0
PATRIC	K H. M.	LON	DEGREE	Mercy H	[ospita]	l, Baltimor	e, Md.		
Burial	10/24/70	Oak	Lawn Cemetery of CRES		24D, L		City, town, or a		(Stote)
0	CT 23 1970	Pober E	Taber M.D.	John d	Directo	7922 Wise	Ave. D	Address undalk,	Md.
150-REV. 1/1/6	8								



of death Deceased

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 70 10376 70 10376 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) USUAL RESIDENCE (Where deceased lived, If institution: residence before admission).

STATE

B. COUNTY Maury. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Mary Land C. CITY OF TOWN D. INSIDE CITY LIMITS? YES T NO Baltimore E. STREET AND NUMBER 4006 Moravia Avenue 523 S. Ann Street 9. AGE (In years If Under 1 Yr. Months! Doys 5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. Hours lost birthdoy Female White WIDOWED DIVORCED 85 Jan. 26. 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Tailor Poland Clothing U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Karol Bialek Kunegunda Cyziow (Czyziow) 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO No 214-16-8839 Helen Kowalewski - 4006 Moravia Ave. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. II CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined) MEDI 21 D. TIME (Month) (Dov) (Year) (Hous) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At

Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 19 70 that (1) (we) last saw the deceased alive an. and that in (my) (ever) apinian death accurred an the date...

and have and from the causes stated abave. (1) (We) (did) (did set) view the bady after death. 23A, SIGNATURE 23B, DATE SIGNED Attending X Med. 5 toff Director

23C. PHYSICIANS 23 D. ADDRESS Liberto M. D.

3508 Bank Street 24D. LOCATION 24C. NAME of CEMETERY OF CREMATORY

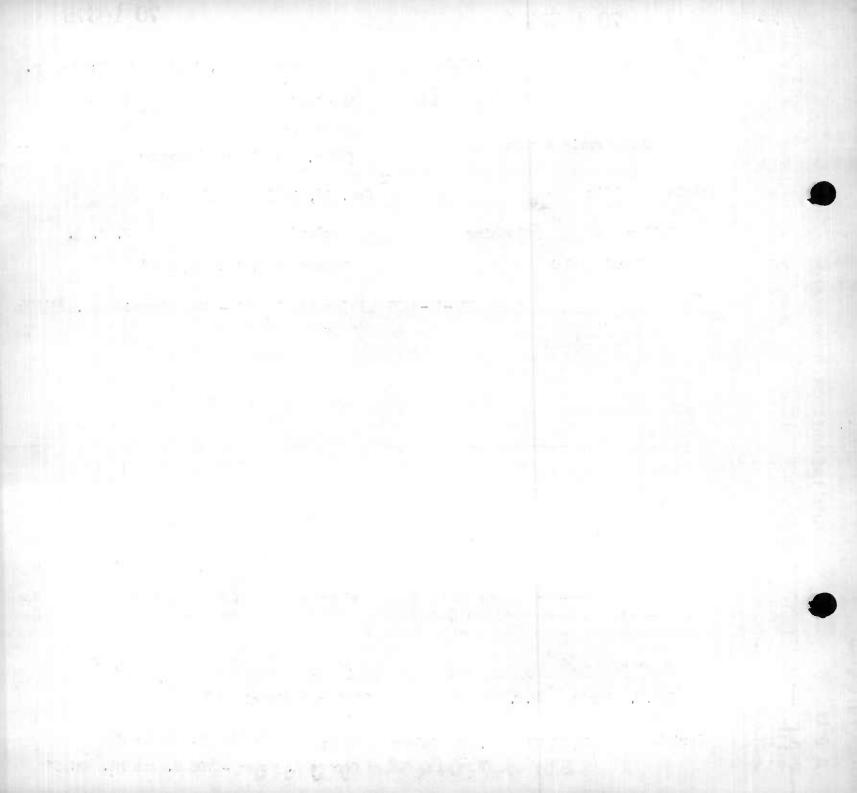
Baltimore, Maryland Slaus: Cemetery 25C, FUNERAL DIRECTOR

Weber - 705 S. Ann St. #21231

(City, town, or county)

VS 150-REV. 1/1/6B

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)



3.420

70 10377

BALTIMORE CITY HEALTH DEPARTMENT

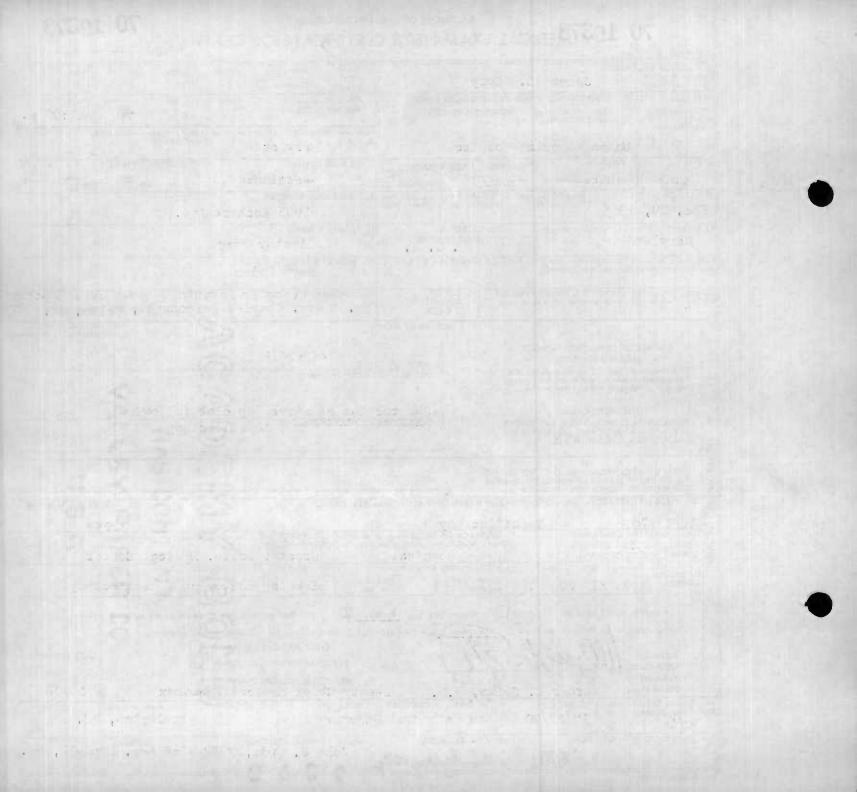
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 10377

BIRTH NO.	- EXAMINATION		CAILOI	DLAI	REG. NO.		
I. NAME OF DECEASED Vince	ent B. Szeliga	2. DATE	Known X	Month	Day	Year	Hour
(Type or Frint)	B. Szeliga	OF DEATH	Estimoled 🗍				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL ADDRESS OR LOCATION)	TITUTION, GIVE STREET		UNCED DEAD	10	20	70	1:55 а.м
44 Union Memorial Hos	pital	I A CTATE	RESIDENCE (Where Maryland		B. COUNTY	residence	before odmission)
6. SEX 7. RACE 8. MARK	RIED A NEVER MARRIED	C. CITY OF	NWOT		D. INSIDE CI	TY LIMITS?	
male white widow	VED DIVORCED		Baltimor	е	Y	Es 🖺	NO 🗆
Sept. 28, 1913 10.AGE (in years lost birthdoy) 57	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	E. STREET	735 E.	37th S			
II. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	rs NAME hn Szeliga	ł.			
14A.USUAL OCCUPATION (Give kind of work 148. KIND done ducing most of working life, even the life of the composition of the com	OF BUSINESS OR INDUSTRY		tionette S				
16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dotes of service)	17. SOCIAL 217-07-2780		Mary A. Sa		735 EA	Doressh Hd.	St.
19. 4/2.4	CAUSE OF DEAT	тн					PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the mode of dying, e.g., heort latture, osthento, etc. Il means the disease, injury or complication which coused death.)	Arterio		tic cardi	ovascu]	lar dise		THE ONSE AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL	AS A CONSE	QUENCE OF:		7.0000000000000000000000000000000000000		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		C DEDECORA	IED.			101 41170	200 (%
Ö	OR WINGH OF ERRITOR WA	G FERFORM				21. AUIO	PSY? (Yes or No)
ZZZA. EXTERNAL CAUSE WAS	228 PLACE OF INITIDAL	:l d '	OC WHERE DID	to a mate		l ye	S
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., home, form, loctory, street, office	bldg., etc.)	NJURY OCCUR?	(ii in Boitimor	e City, give exo	ci localion)	
(APPROX.)	m. WORK OCCURRED	WHILE (2F. HOW DID IN.	JURY OCCU	R?		
24A. BURIAL CREMATION, 24B. DATE	Inspection Aut Accident Suicid M.D. tz, M.D. Dep 24C. NAME of CEMETERY	ASSI ULTY Ch:	CHIEF MEDICAL E STANT MEDICAL E CIATE MEDICAL E LET MEDICAL RY 240.	Undetermin EXAMINER EXAMINER EXAMINER EXAMINER LOCATION	ed monner	10	
Burial	St. Stanislaus	è [25C.]	ery UNERAL DIRECTO Duda,	OR .	AL Hudson	DRESS	
VS 151-REV. 1/1/68	7 0 6	1 5	3 6 1				

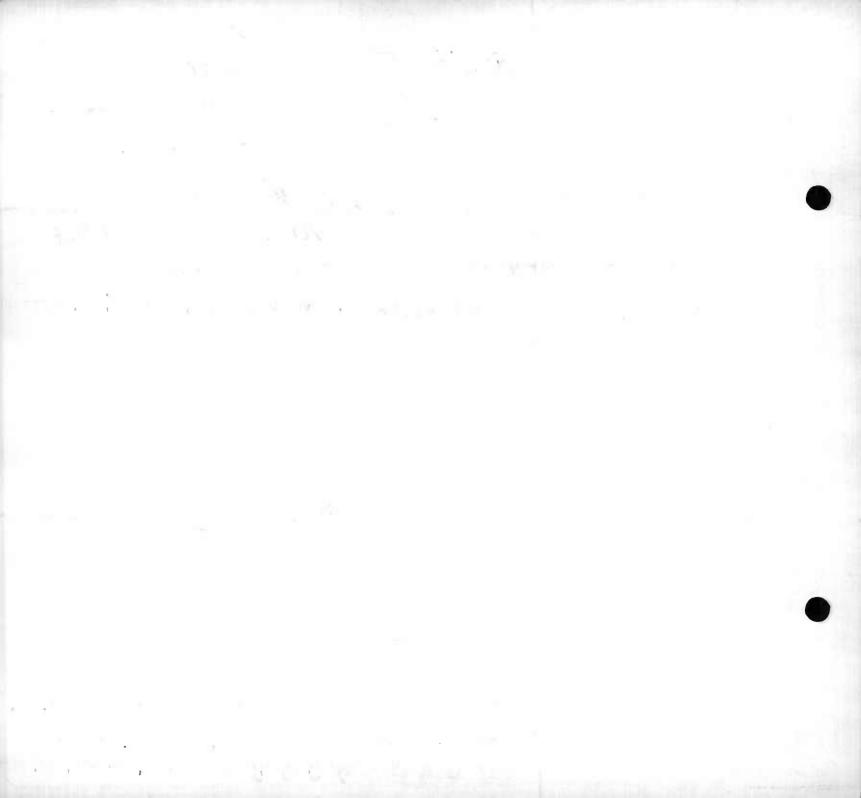
Emples in the last the second second second

BIRTH NO. NO Rec.	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print) James L. Bury	2. DATE Known Month Day Year Hour OF Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD 10 19 70 11:05 a
44 Union Memorial Hospital	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NÉVER MARRIED 1 DIVORCED DIVORCED 1	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
9. DATE OF BIRTH Dec. 29, 1965 10.AGE (In years last birthday) 4 If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.	2905 Ruckert Ave.
Maryland 11. Birthplace (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Timothy Bury
I 4A.USUAL OCCUPATION (Give kind al work 148. KIND OF BUSINESS OR INDUSTR' done during mast of working lile, even il retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (II yes, give war or doles al service) (Yes, na or unknown) (II yes, give war or doles al service)	Mr. & Mrs. Charles Karczmarel, Balto. Md.
ANTECEDENT CAUSES	Asphyxia Asphyxia As a consequence of: ction of airway by clot following Ask consequence of: tonsillectomy
UNDERLYING CONDITION LÁST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
10/13/70 Tonsillectomy	in or about 22C. WHERE DID (II in Boltimare City, give exact location)
UNDERLYING CONTRIB- UTING CAUSE OF DEATH. Address of Death Control Cause Of Death Control	
OF INJURY (APPROX.) 10 13 70 ? m. WHILE AT NOT WHILE X bleeding following tonsillectomy 23.	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. De	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Puty Chief Medical Examiner 10/20/70
Burial 10/22/70 New Cathedral Cemetery Irvington, Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk, Md.	
VS 151-REV. 3/1/68	



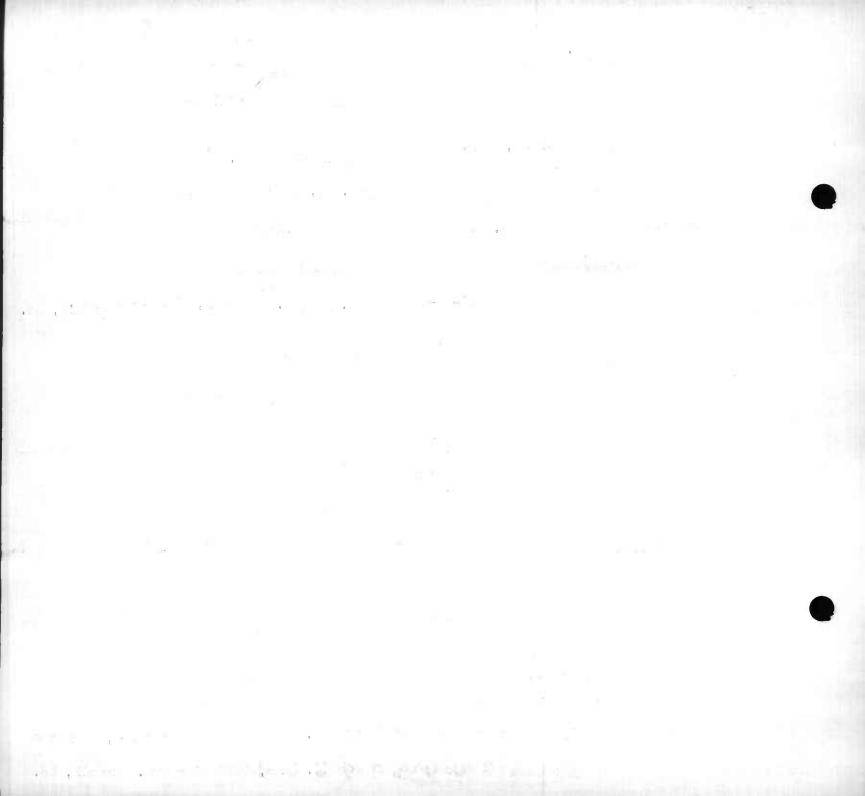
a hospital and

70 40770		HEALTH DEPARTMENT	1/	70 1 0
BIRTH NO. 70 10379		TE OF DEATH	REG. NO.	7U 10379
(Type or Print) JAMES	James E. Jennelle ENNELE	2 DATE	0 20 7 A	1:30 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. USUAL RESIDENCE INTA	ere deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL O. ADDRESS OR LOCATION INSTITUTION	R INSTITUTION, GIVE STREET		Baltimore	53-00
Church Home & He	ospital	BALTU.	D. Man	YES NO
CHURCH HOME &	HOSPITAL	E. STREET AND NUMBER	ESPER A	Ave. UE.
440701 11/240	ARRIED NEVER MARRIED DIVORCED DIVORCED	6-12-20	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. I done during most of working life, even if retired)		11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
MATERIAL EXPEDITOR	(BETH. STEEL)	VIRGIA 14. MOTHER'S MAIDEN NA	VIA	U.S.A.
HAROLD W. JEI	VNELLE		LETCHER	
15. Wos Deceased Ever in U. S. Armed Forcos? (Yes, no or unknown) of the second	16. SOCIAL SECURITY NO.) 1419 Vesp Jennelle. D	er Ave. Dress undalk, Md. 21222
18.4/10.91	CAUSE OF DEATH		,	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL LEADING TO DEATH		SE Septio	e Zuia	BETWEEN ONSET AND DEATH
1This does not meon the mode of dying heart foilure, asthenia, etc. It means the dinjury or complication which coused death	isease,	CONSEQUENÇE OF:		
ANTECEDENT CAUSES	" Myso	ardial 1	in faration	weche
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) statis	g the	A CONSEQUENCE OF:		
UNDERLYING CONDITION fost.	(c)			
O THER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL // //	hale promi acute	nal fail	ine
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 1794. DATE OF OPERATION 1798. CONDITION WAS PERFORMED TO THE DEATH OF THE DEAT	FOR WHICH OPERATION	NO NO	o) 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(II In Boltimore	City, give exect location)
OF INJURY (APPROX.)	While At Not While Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) atte	nded the deceased fram	10-6	19 70 to	10-20 19 70
that (1) (we) last saw the deceased ali				an death accurred an the dote
and have and from the causes stated ab	ave. (1) (We) (did) (did not) vi	ew the bady after death.		
Gyfru ania go	After Degree	ding Med.	Staff X	238, DATE SIGNED 10/20/70
23C. PHYSICIAN'S NAME (Type)	NIA CO	3D. ADDRESS CHH Ch		Hospital Balto. Md.
24A- BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRES			, town, or county) (Stote)
Burial 10/24/70	Burch Lawn Cemet	ery Na	rrows, Giles	s Co. Virginia
	A A F JA A A B	John & Duda	7922 Wise A	ve. Dundalk, Md.



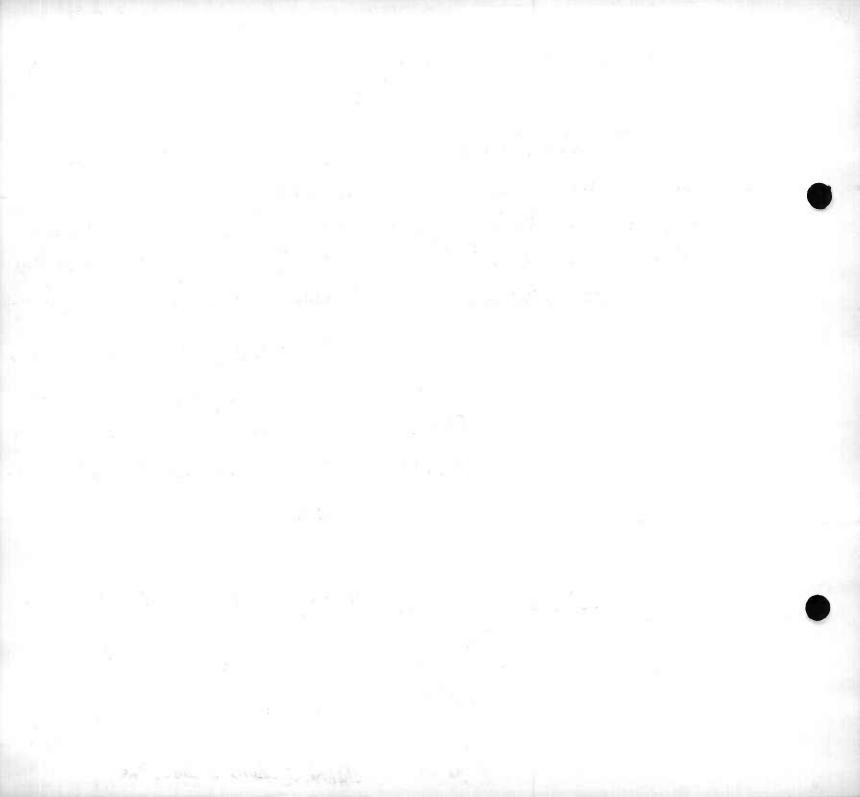
a hospital and

	m.0		BALTIMORE CIT	Y HEALTH DEPARTMENT	,		
BIRTH NO.	70 1038	9	CERTIFICA	TE OF DEATH	REG. NO	70 1038	0
1. NAME OF DEC	Cleora Pul	ler		2. DATE A	10-19-70	9:0	0 P
3. PLACE IN BAL	TIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	nere docoosed lived. If i	nstitution: residence before	odmission
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland	Baltimore	53	-00
INSTITUTION	NODICES OF ECO.	A HON)		C. CITY OR TOWN Dunce Baltimore	dalk D. INS	YES NO TO	
3/	Mercy Hosp	ital, I	inc.	E. STREET AND NUMBER 842 Jaydee	Ave.	120 100	7
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. , If Un	der 24 Hrs.
Female	White	WIDOWED		Feb. 23, 1906	lost birthdayl 64	Months Doys Hours	Min.
one during most of y Saleslac	working tire, even if refired)		Stores	11. BIRTHPLACE (State or los Pennsylvan		12. CITIZEN OF WHAT	COUNTRI
3. FATHER'S NAM	ME			14. MOTHER'S MAIDEN NA			
	Hollingshead			Cynthia Go			
5. Was Docoosed Yes, no or unknown)	Ever in U. S. Armed For (II yes, give wer at dote	ces? s of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT (Daug	ghter)	ADDRESS	
No			216-05-3625	Mrs. Mary E. V	Vareheim, 84	3 Jaydee Ave	k. Md.
DISEAS	E OR CONDITION DI	RECTLY	CAUSE OF DEAT	н		APPROXIMATE BETWEEN ONSET	INTERVAL
	LEADING TO DEATH		(A) IMMEDIATE CAL	150 acute Pul	monagy 10	de.	
(This does no	ot meon the mode of osthenio, etc. It meons	dying, e.g., the disease.		A CONSEQUENCE OF:	- or going 40		
injury or com	plication which coused	deoth.)	0	1	/ 1		
	ANTECEDENT CAUSES		(B) Brenc	A CONSEQUENCE OF:	left lin	1	
rise to the	R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving sloting the	10 to t	melaslaci	to lives	7	M 4444444
	II		(0/				
E ITO THE DEATH	CANT CONDITIONS COL	IF TERMINIAL					
19A. DATE OF	OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES. WERE	FINDINGS CONSIDERED	
2	WAS PERF			Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined		o, form, loctory, street, al	n or about 21C. WHERE DID lice bldg., INJURY OCCUR?	(lt In Baltimar	e City, give exact location)	
2) D. TIME OF INJURY	(Manth) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
(APPROX)		Whi	le At Not While	· 🗆			
22. I certify	that (1) (this haspital)	attended ti	ne deceased fram	10/13/	19 70 to /	0/10/1	9_70_
	lost saw the decease		1	/ 19 70 ond th	not In (my) (out) apli	nion death accurred or	the dot
ond hour and	from the causes state	ed obove. (I	(We) (did) (did not)	iew the body after deoth.			. The dole
23A. SIGNATUR	RE					238, DATE SIGNED	
	4Jun	un	DEGREE Physics	nding Med. Director	Staff Phys.	10/201	20
NAME (Ty	ne) .	K L		23D. ADDRESS Mercy	Hospital.	. / /	
AA. BURIAL CREM REMOVAL (Sp Burial	AATION, 248 DATE 10/23/7	0 24C.NA O Sac	ME of CEMETERY of CRE	MATORY 24D. L		y, town, or county) 1timore, Mary	(Stole)
5A. DATE REC'D	BY HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	3	ADDRESS	
'S 150-REV. 1/1/6		A-0.0.40		J J G Gada	1 / LE WISE	Ave. Dundalk,	rid.



1347 Clipper Height are

W. 232	70 10382 CERTIFICATE OF DEATH REG. No. 70 10382
ath the oth	BIRTH NO. 70 10382 CERTIFICATE OF DEATH REG. NO. 70 10382
ded ded on t	(Type or Pant) ALEXANDER WEISTOCK OF 18, 1970 2:15 A.M.
Spirate Co	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
hos use ; (5) dan	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CLTY OR TOWN D. INSIDE CITY LIMITS?
ca ca	OHIDOU HOUT & ESCUTIONED NOT
ed ir ding d can r att	35 HOSPITAL B. STREET AND NUMBER GLEN AUE.
occurre ontribut erminec regular is made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED J2/12/99 16. Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
00-0-	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or Ondo	Merchant Herdware Shop. Russia D.S.A.
ant if death direct or c d; (4) Undet the was in on the decided	Hyman Werstock Hola Semenovsky
Ssister the the dec	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give mor or doles of service) SECURITY NO. 17. INFORMANT SECURITY NO. MISS POSSED ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
po is a any and and or	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or handle of the offered of the offered offere	LEADING TO DEATH
	(This does not mean the mode of dying, e.g., heart loilure, asthenia, etc. It means the disease, injury ar complication which coused death.)
G frain	ANTECEDENT CAUSES Deule Philippenary & Doma 2 Dre.
×a ×	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
birector: cal examiner. s; (3) A fractulian who profis in regular ins are emba	UNDERLYING CONDITION last 1000 MCC) Marchael Despuration for Men
Medical disconnection of the second of the s	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
EUNERA e chief me by a mec 2) Body bu e the phy shysician ore the re	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF CAUSE O
d by spire ture; twh t wh	Q 21D-TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ho h	(APPROX.) While At At Work At Work
the the and obt	22. I certify that the this haspital attended the deceased from Colin 1970 to 1970 to 1970
t be age is sed to ent of espital leath);	that (1) (we) last saw the deceased alive an OCC 19 TO and that in (mg) (our) opinion death occurred on the date
ust be a eased to ident of nospital death)	ond haur and fram the couses stated above. (We) (did) did not) view the bady ofter death. 23A, SIGNATURE
20.2.6	Attending Med. Shoff 19 10/18/20
certificate m sody was rel fs: (1) An acc D.O.A. at a assed prior to	PAGE LIVE NAME LIVE AND MENDERAND, 23D. ADDRESS PRODUCE SD.
d (C)	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	Bural 10/18/9 Knessell brown Ballo Mel
This the shov was dece	OCT 23 1970 Robert & Jaken M.D. Sond Laver of Dem From
	VS 150-REV. 1/1/68

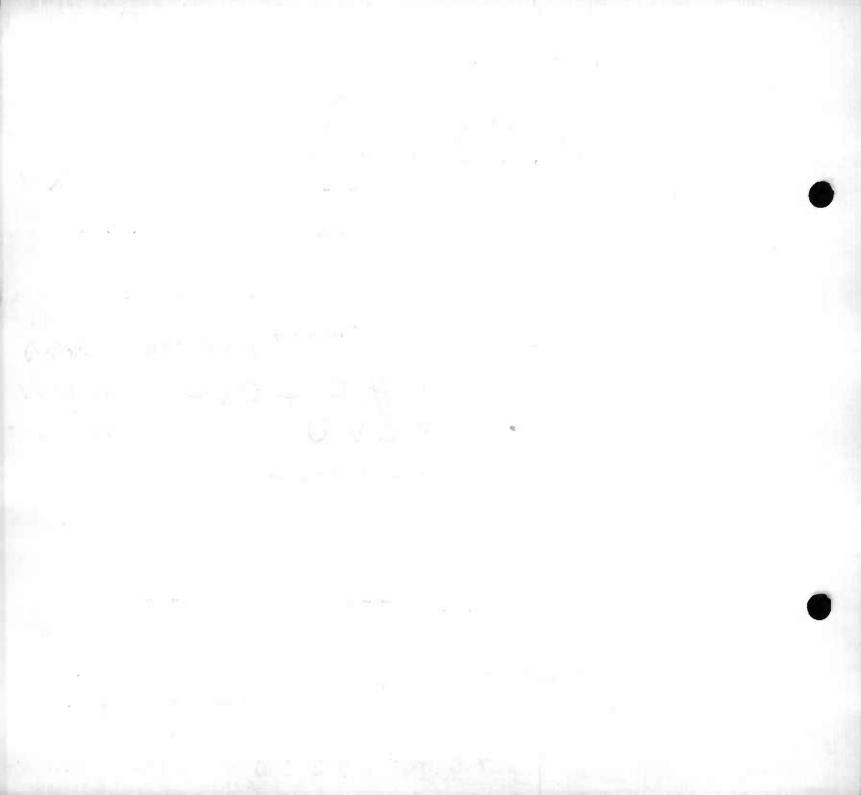


IMPORTAN

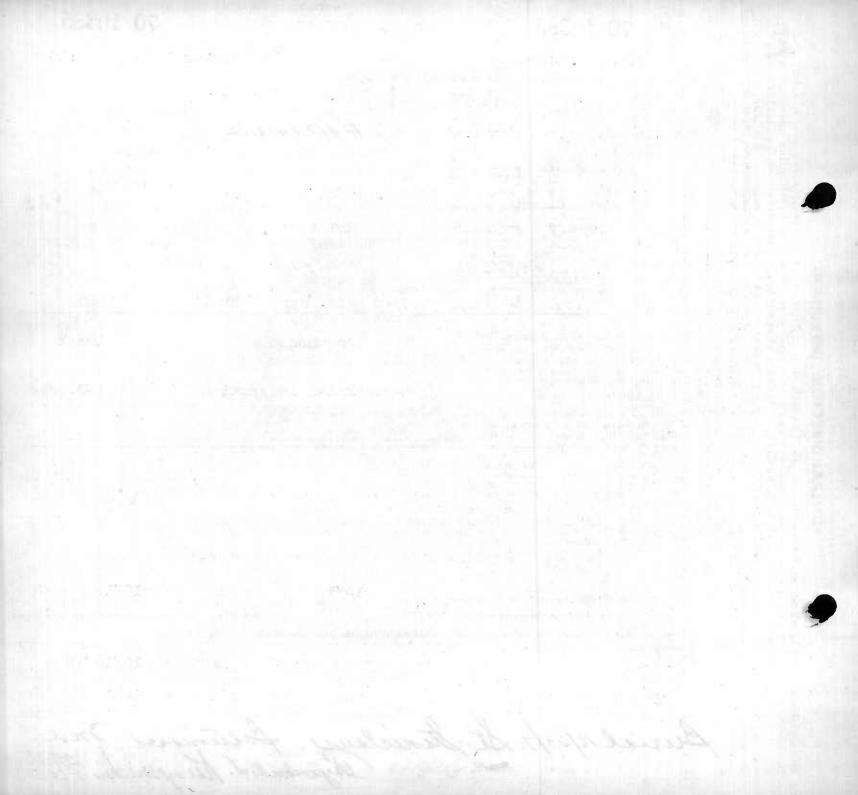
DIRECTOR:

FUNERAL





BALTIMORE CITY HEALTH DEPARTMENT



approved by the chief medical examiner or his assistant if death occurred in

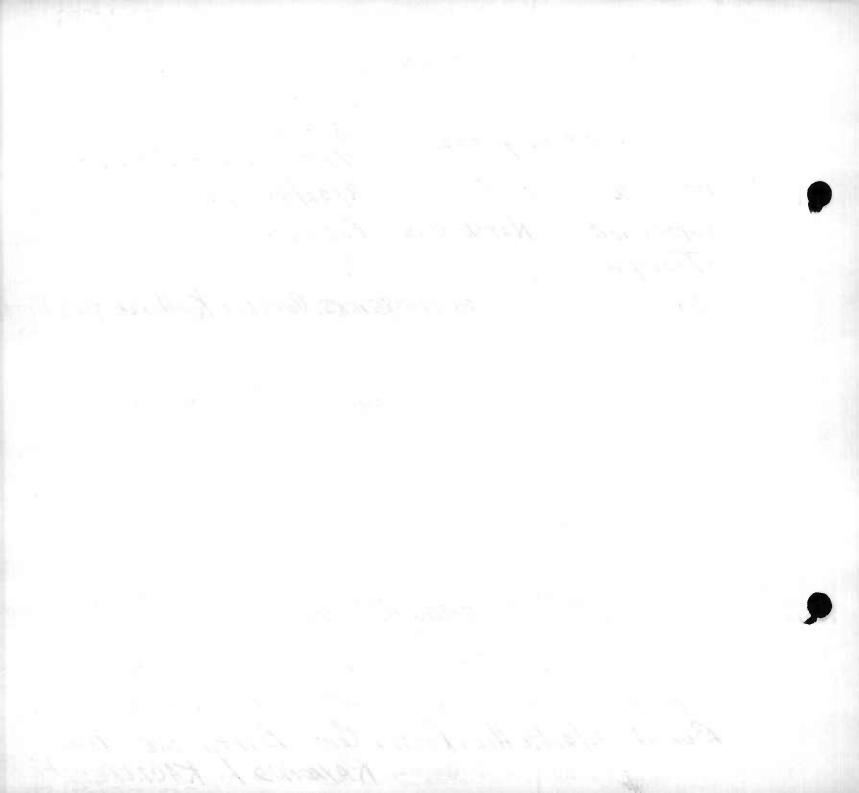
IMPORTANT

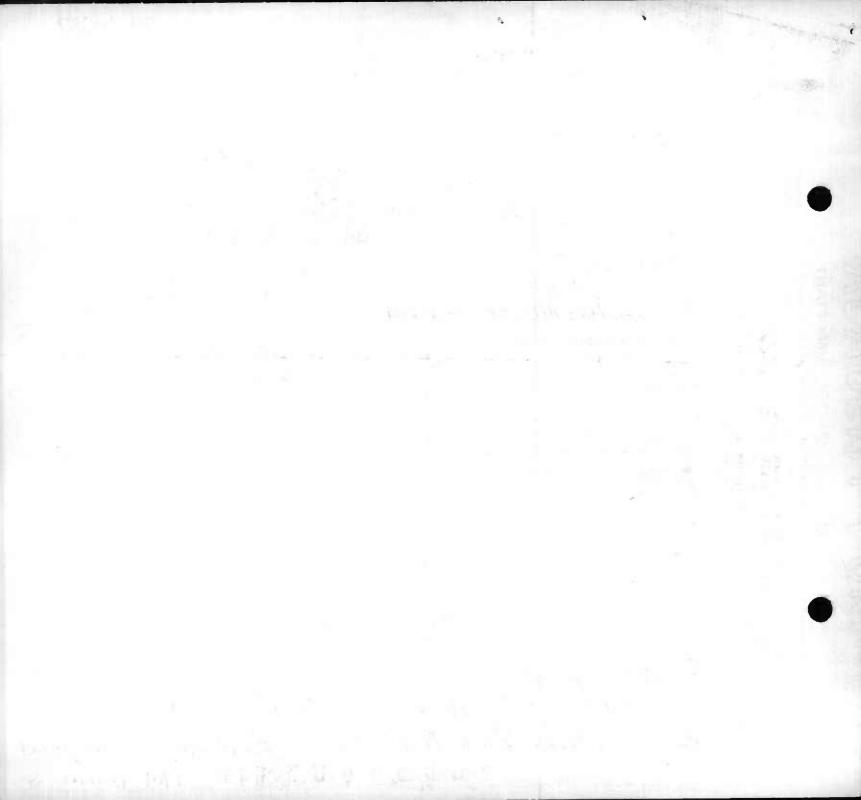
FUNERAL DIRECTOR:

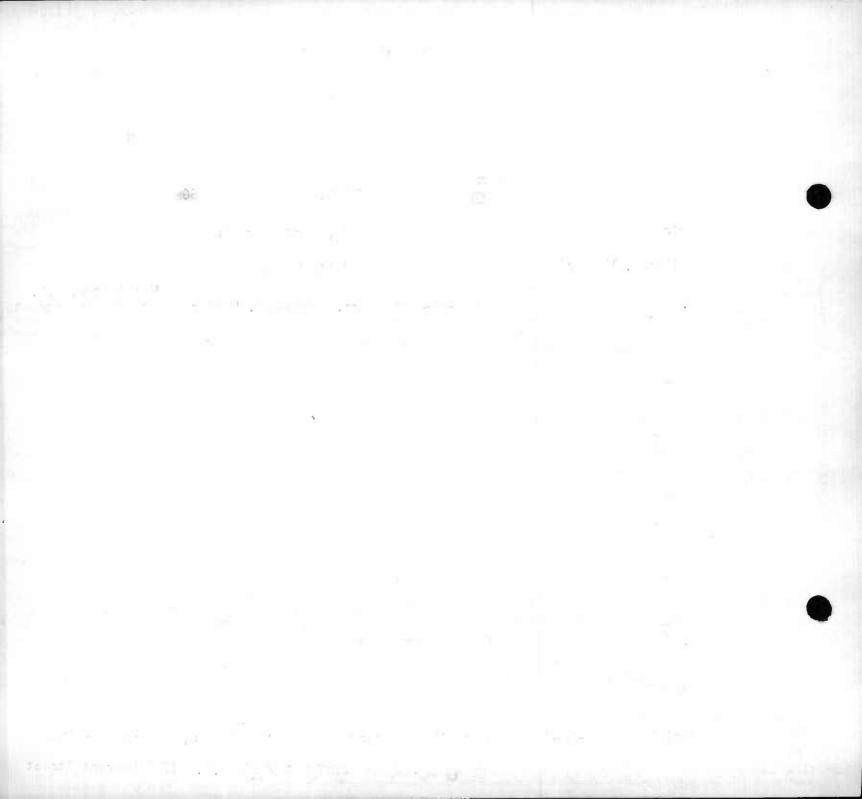
BALTIMORE CIT	Y HEALTH DEPARTMENT 50 40200
BIRTH NO. 70 10386 CERTIFICA	ATE OF DEATH REG. NO. 70 10386
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
WALTER E, KUCHA	REK OCTOBER 161970 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
31 CITY HOSPITAL	BALTIMORE YES & NO
31 -11/110SP114L	E. STREET AND NUMBER
5. SEX 6. RACE, 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months! Doys ! Hours ! Min.
M. WIDOWED □ DIVORCED □	8/22/98 last birthdoy Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if refired)	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SUPERVISOR NATIL CAN	POLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH	>
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT / ADDRESS
1/0	N 1 1 1 1
18. () CAUSE OF DEA	THE APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ner Murgardiel Infaration
(A) MMEDIATE CA DUE TO, OR AS (A) MMEDIATE CA DUE TO, OR AS	S A CONSEQUENCE OF:
injury at camplication which caused death.)	0.
ANTECEDENT CAUSES	her touser Cordio-Visenlar Sucas
	S A CONSEQUENCE OF:
inse to the abave cause (A) stoling the UNDERLYING CONDITION last. (C)	
11	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	72 PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING TO 121B, PLACE OF INJURY (e.g.,	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location)
Q 21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX) While At Not Whi	ilo
Work At Work	12/24/ 2067. Wateless 16 1076
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased glive on Chiffy 7	194 10 ((((((((((((((((((
and hour and from the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	ending Med. Staff Director Phys. D
23C. PHYSICIAN'S NAME (Type),	ys. Director Phys. P
FINATEN KUNKONSKI, M. D. DEGREE	2529 Eastern Aso Ballonne mf 21224
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	255-FUNERAL DIRECTOR ADDRESS
20T 00 1070 00 1 4 CV. J. Q. Exer	ALANDEST IN LAND TO AND THE STATE OF THE STA

5

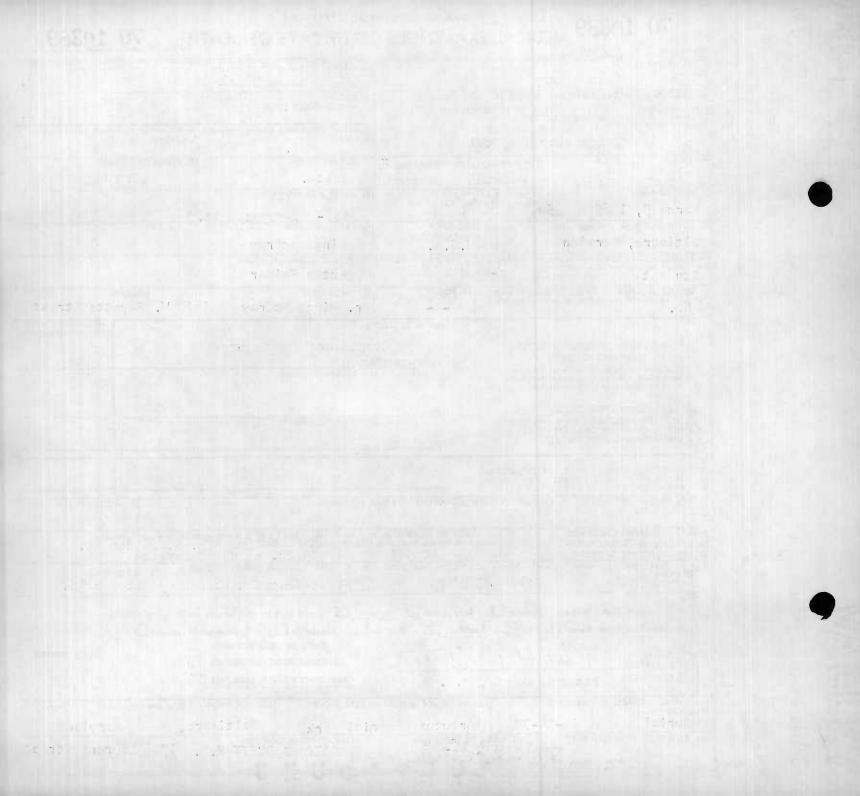
S

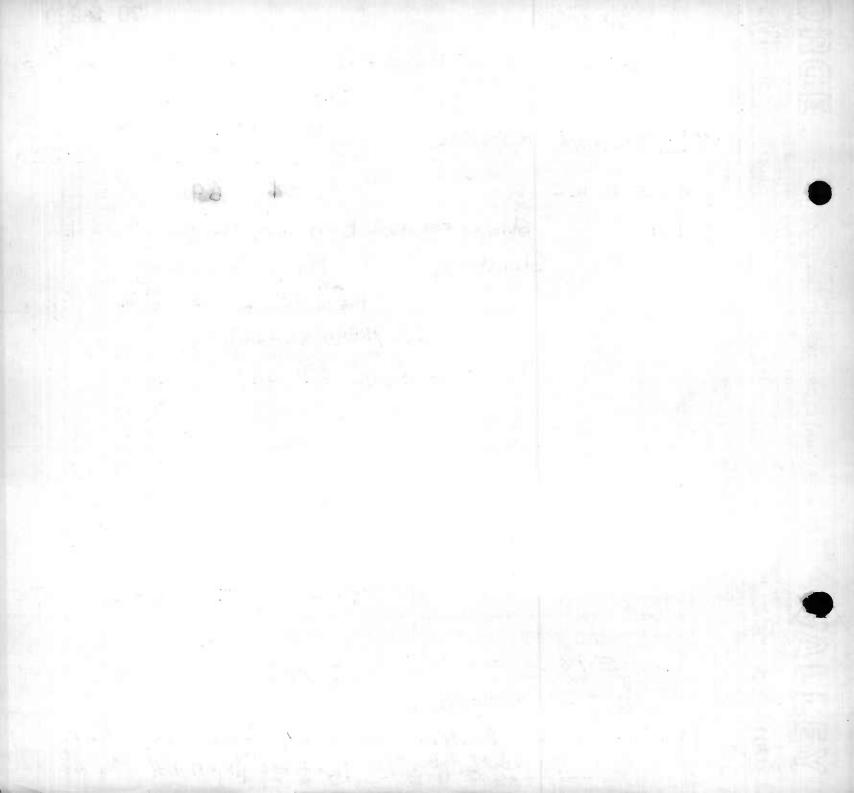






70 10389	MEDICAL	EXAMINER'S	CERTIF	CATE C	F DEAT	H PEG NO	70 1	0389
I. NAME OF DECEASED (Type or Print) Lisa McC			2. DATE OF	Known 2	Month	Doy 20	Yeor 70	Hour
4. PLACE IN BALTIMORE, MARYLA	-	ONOUNCED DEAD	3. DATE	Estimoted	Month	Day	Yeor	8:15 p _M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			PRONO	UNCED DEAD	10	20	70	8:15 p
WY C	ty Hospi	tal	A. STATE	Md.	here deceased l	B. COUNTY	n: residence	before admission)
6. SEX 7. RACE	8. MARR	IED NEVER MARRIED	C. CITY O	RIOWN		D. INSIDE	CITY LIMITS?	
female Negro	WIDOW	PED DIVORCED	Ba1	to.		,	YES XX	по 🗆
9. Date of Birth March 5, 1965	GE (In years olrthday)	If Under 1 Yr, If Under 24 Hrs. Months : Days : Hours : Min.		OW. Fav				
11. BIRTHPLACE (State or foreign cour Baltimore, Maryland		12 CITIZEN OF WHAT COUNTRY?	13. FATHER					
14A.USUAL OCCUPATION (Give kind o		OF BUSINESS OR INDUSTR						
Student	S (chool	Bert	tha Felde				
16. WAS DECEASED EVER IN U.S. A (Yes, no or unknown) (If yes, give war or NO.	RMED FORCES dotes of service)	7 17. SOCIAL SECURITY NO.	18. INFOR				DDRESS	c Cturet
No. 1		CAUSE OF DEA		ingo McCı	ray I	010 W.	·	e Street
LEADING TO DEA' (This does not mean the mode heart foilure, osthenia, etc.) it me injury or complication which coust an article of the injury or complication which coust an article of the ABOVE CAUSE (AUNDERLYING CONDITION LOTTER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT REL	of dying, e.g., and the disease, led de oil) ES F ANY, GIVING (1) STATING THE AST. NS CONTRIBIT	(B) DUE TO, OR	AS A CONSEC	QUENCE OF:				
TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN	ED TO THE TERMI I IN PART 1 (A).	NAL						
20A. DATE OF OPERATION 208.							,	PSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY 10 20 23.	(Year) (Hour 708:40 a	WHILE AT NOT	1 11	24 IT.	north of	UR? Sub	te ject wa	ıs a
I certify that I held at resulted from: Natural SIGNATURE EXAMINER'S Peter NAME (Type)	Lipkovi	Accident XK Suicion M.E. C., M.D.	ASSI ASSC	CHIEF MEDICA STANT MEDICA OCIATE MEDICA	L EXAMINER	ned manner		DATE SIGNED 10/21/70
24A. BURIAL CREMATION, 24B. DAREMOVAL (Specify) Burial 10	-24-70	Arbutus Memo			Baltimo		n, or county)	(State)
25A. DATE REC'D BY HEALTH DEPT.	258. N/	AME OF REGISTRAR	25C. 1	FUNERAL DIRE	CTOR			ns Street
VS 151-REV. 1/1/68		7 0 5	1-9	6.3 to 6	3			





M. 632

170	40204		BALTIMORE CITY HE					YO 4 -	004	
10	103 MED	ICAL E	EXAMINER'S	ERTIFIC	CATE O	F DEAT	H REG NO	/U 10	391	
BIRTH NO.										
I. NAME OF DECEASE	D PHILLT	P MIRD	OCK, JR.	2. DATE OF	Known Estimoted	Month	Doy	Yeor	Hour	
4. PLACE IN BALTIMO				DEATH 3. DATE	Estimoted C	Month	Doy	Yeor	Hour	М.
FULL NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCAT				INCED DEAD	10	21	1970	6:10	9
HOSPITAL OR INSTITUTION	ADDRESS OR LOCAT	10 N)		5. USUAL RI	ESIDENCE (Who		ved. If Institutio			a M.
Sinai H	ospital (D	OA)		A. STATE	Md.		B. COUNTY	27-	-17	
6. SEX 7. R	ACE	8. MARRIED	NEVER MARRIED	C. CITY OR	-		D. INSIDE C	TTY LIMITS?		
male	negro	WIDOWED]	Balto.		1	ES 🖹	NO 🗌	
9. DATE OF BIRTH	10. AGE (In lost birthdov		Under I Yr. If Under 24 Hrs. nths Days Hours Min.		ND NUMBER					
9-23-1945	25				l Palmer	Ave.				
Baltimore, M		12.	WHAT COUNTRY?	13. FATHER	-	undook	Cm			
		4B. KIND O	F BUSINESS OR INDUSTRY	115. MOTHE	lip D. M	AME	31.			
done during most of working Pile Driver	life, even #retired)		rgentine		OM MAKKN		Jordan			
16. WAS DECEASED EN			II7. SOCIAL	IB. INFORM	MANTLorra	ine	-	DDRESS 9) I Bon	ner
No.	s, give war or dates e	Service	212-44-1534	Mrs. X	XXXXXXXXX	XX Murd	ock XXX			
19. 4- 1	- 1		CAUSE OF DEA	TH					PROXIMATE IN	
DISEASE OR	CONDITION DIREC	TLY	Arterios	cleroti	c cardio	vascula	r disea	se		
	ING TO DEATH		(A)IMMEDIATE	AUSE						
heart foilure, asthe	an the mode of dyle nia, etc. It means the ton which caused deat	disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:					
	EDENT CAUSES ONDITIONS, IF ANY,	GIVING	(B) DUE TO, OR	AS A CONSEC	QUENCE OF:					
UNDERLYING C	ONDITIONS, IF ANY, IVE CAUSE (A) STATI ONDITION LAST.	NG THE	(4)							
NO	11		(c)							
OTHER SIGNIFICATION TO THE DEATH BUSEASE OR CON	NT CONDITIONS CO	NTRIBUTIN	Ģ							
DISEASE OR CON	UT NOT RELATED TO T DITION GIVEN IN PA	RT 1 (A)-								
20A. DATE OF OPE	RATION 208. CON	DITION FO	R WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes	or No)
									yes	
UNDERLYING CAUSE OF	R CONTRIB-	hor	PLACE OF INJURY (e.g., ne, farm, factory, street, office	in or obout 2 e bldg., etc.) II	UURY OCCUR	(If in Boltima	re City, give ex	aci location)		
22D. TIME (Mont		(Hour)	22E.INJURY OCCURRED	2	2F. HOW DID	NJURY OCC	UR?			
OF INJURY (APPROX.)		m.	WHILE AT WORK AT W	WHILE ORK						
23.										
			Inspection Au		ond that on					
resulted for	rom: Natural cays	es DOK	Accident Suicid		micide L		ned manner			
ACTUAL	1/1/	The las	1 Am		STANT MEDICA				DATE SIG	NED
SIGNATURE_	17/	muu.	M.D	•						
EXAMINER'S NAME (Type)	Isido	re Mih	alakis,M.D.	ASSO	CIATE MEDICA	LEAAMINEK		10-21	-70	
24A. BURIAL CREMATIC			24C. NAME of CEMETERY	or CREMATO	RY 24	D. LOCATION	(City, tow	n, or county)	(Sto	ite)
REMOVAL (Specify) Burial	10-24-	70	New Cathedra	1 Cemet	erv	Baltim	ore. M	aryland	:	
25A. DATE REC'D BY H			E OF REGISTRAR	25C. I	UNERAL DIREC	TOR		ADDRESS		
20	CT 23 1970	Milei	s charpen and	OM O	BTON, & D	YEIL F.	п. 1/0	1 Laure	ens St	reet

11/5/70 - Letter from M.E.O.

IMPORTANT

DIRECTOR:

FUNERAL

approved

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

traces , within the second within a second

tame guida C. a come entine - wandebla . A come

BALTIMORE CITY HEALTH DEPARTMENT

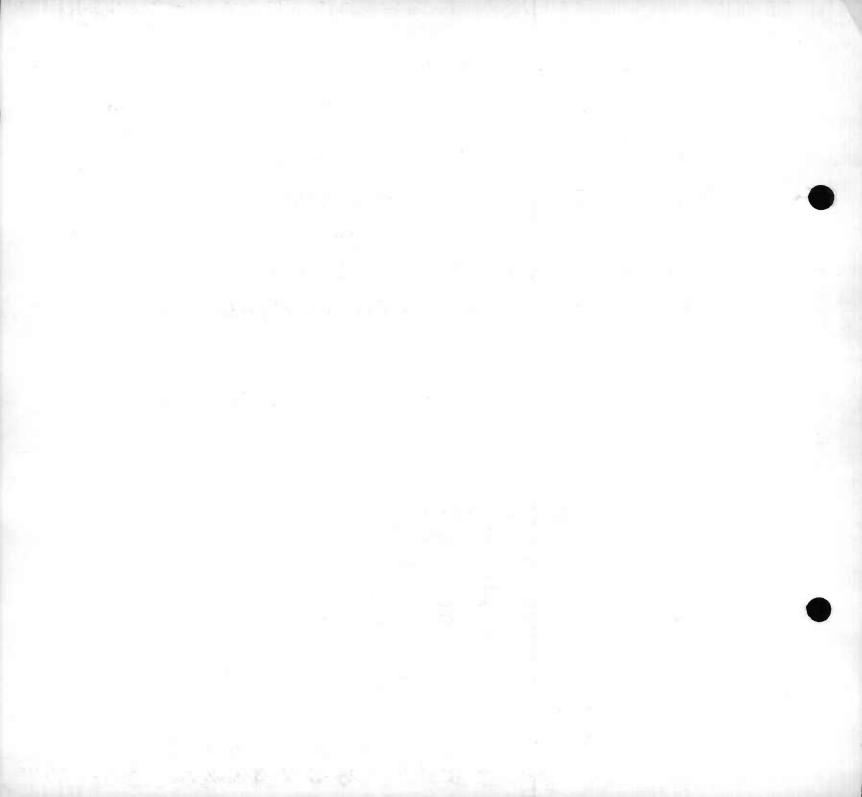
MEDICAL EXAMINER	R'S CERTIFICATE OF DEATH REG. NO. 10393
1. NAME OF DECEASED ((Type or Print) EFFIE SINCLAIR	2. DATE Known & Month Doy Year Hour OF DEATH Estimoted October 21, 1970 11:10 A _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour October 21, 1970 11:10 Am
Johns Hopkins Hospital	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY / 0 - 0 2
Female Negro widowed Divorc	
P. DATE OF BIRTH 10. AGE (In years If Under I Yr. If Under I Yr. If Under I Months, Days Hours	24 Hrs. IE. STREET AND NUMBER
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	(Whander M/41
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR IN done during most of working life, even if retired)	DUSTRY 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give who or dates of service) 20 -20 /	SID Samue May Noth Cawlus
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)	DIATE CAUSE hemisphere O, OR AS A CONSEQUENCE OF: O, OR AS A CONSEQUENCE OF:
	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. Inome, farm, factory, street utiling CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCU WHILE AT INDURY OCCU W	Y(e.g., In or obout 22C, WHERE DID (If in Bailtimore City, give exact location) et, office bidg., etc.) INJURY OCCUR? RRED. 22F. HOW DID INJURY OCCUR? NOT WHILE
I certify that I held an Inquiry Inspection I resulted from: Natural causes Activent Signature EXAMINER'S Charles S. Springate, M.	Autopsy Ond that on this basis, death in my opinion Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMIREMOVAL (Specify) 10-25-70 LEGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25B. NAME OF REGIS	ETERY or CREMATORY 24D. LOCATION (City, town, or equity) (Stote) 24D. LOCATION (City, town, or equity) (Stote) 25C. FUNERAL DIRECTOR ADDRESS
OCT 23 1970 Paber E. Jaber	M.D. 25C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS

11/6/70 - Letter from M.E.O.

Age.

	BALTIMORE CITY	HEALTH DEPARTMENT		70 10394
BIRTH NO. 70 10394	CERTIFICAT	TE OF DEATH	REG. NO	70 18004
1. NAME OF DECEASED BEW/Ah	ANAN	2. DATE AN	10, HOUR OF DEATH	1245
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	Mary/9 c. City or town	Nd	12-03
NSITUTION 1	, ,	BOIT	D. INSI	DE CITY LIMITS?
3/MERCY HOSPIT	A/	E. STREET AND NUMBER	(6)	YES NO NO
SEX 6. RACE 7. MARRIED	7	2500 Gui	9. AGE (In veors	Hue 2/218
Female white WIDOWED	DIVORCED 2	10/19/03	lost birthdoyl	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF one during most of working life, even if retired)	BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stoto or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
Nurse Relin	-ed	Pa-		U.5A.
3. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	ME	
David Sugar	7	Laura	T	entry
Was Described Function II & American	6. SOCIAL	7. INFORMANT		ABDRESS
es,no or unknown) (If yes, give wor or dotes of service)	231-05-6656	1/1: - 121	,	- 1 - 1
118.	CAUSE OF DEATH	Vallar Plus	mber 3	hady Valley Ten
DISEASE OR CONDITION DIRECTLY	ONOTE OF DEATH			BETWEEN ONSET AND DEATH
LEADING TO DEATH		liver Me	tas tasi.	
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:	((2) (() ()	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		0011012011101 01,		
ANTECEDENT CAUSES	Caleci	noma of	the and	
DISEASES OR CONDITIONS, if ony, giving	(B) COLOR AS A	CONSEQUENCE OF	cne co/0	7.77
rise to the obove cause (A) stating the		SOURCE OF A		1
UNDERLYING CONDITION lost.	(c)		******************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a). 19A-DATE OF OPERATION 19A-CONDITION TO WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 1218. P.	ma of Colon	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
	LACE OF INJURY (e.g., in form, foctory, street, office	or about 21 C. WHERE DID	(If In Boltimore	City, give exect location)
2 21D-TIME (Month) (Doy) (Year) (Hour 21E II				
OF INJURY	NJURY OCCURRED Not While	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.) White	At Not While At Work			
22. I certify that (I) (this haspital) attended the	deceosed from	0-18	9 70 to 10	7-23 1970
that (\$) (we) lost saw the deceased olive on	1	19 70 and the	t in (my) (our) onis	nion deoth occurred on the date
and hour and from the causes stated above. (1)		w the body ofter death	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The second secon
23A. SIGNATURE		The body offer deaths		23B, DATE SIGNED
Al Sur	Attend Phys.	ling Med.	Stàff Phys.	10-23-10
23C. PHYSICIAN'S NAME (Type)		D. ADDRESS	Phys.	10 00 10
		11 010	11	1 - 1.
AA BURIAL CREMATION 1248 DATE 1246 NAME	DEGREE	MEXCY	Tospila	1 Saltiniore Al
4A. BURIAL CREMATION, 24B. DATE 24C. NAN	AE of CEMETERY of CREM	ATORY 24D. LO	CATION (Cit	y, town, or county) (State)
Burial 10/25/1970 Ven	ITry CEM		ady Valley	, Tenv.
	Markey M.D.	2SC. FUNERAL DIRECTOR	1	ADDRESS
OCT 23 1970 Haber En		98019 2 3	chwab INC	Balta Mol

Schwab, INC



BALTIMORE	CITY	HEALTH	DEPA	RIMENT

70 10395 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 10395
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) MAR. LOFWE	2. DATE Knawn K Manth Day Year Hour
(Type or Print) MAE LOEWE	OF DEATH Estimated October 22, 1970 4:10 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD October 22, 1970 4:10 A.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Bon Secours Hospital	A. STATE Maryland B. COUNTY 20-04
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKKIED LI INEVEK MAKKIED L	
9. DATE OF BIRTH 10.AGE (In years # Under 1 Yr. 11 Under 24 Hrs.	Baltimore YES X NO D
Months : Doys : Hours : Min.	
May 12, 1882 88"	2226 Frederick Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Maryland U.S.A.	William Schoeler
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR dane during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
House wife own home	DoroThea Rauch
ió. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((if yes, give wor or dotes af service) SECURITY NO.	18. INFORMANT ADDRESS
(1es, no of unknown) (if yes, give wor or does of service) SECURITY NO. 213-50-192	WM. S. Loewe Ballow Mide
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
7 / OIT E 408 X	BETWEEN ONSET AND DEATH myocardial infarct
LEADING TO DEATH	
(This does not mean the made of dying, e.g., (A) IMMEDIATE (DIFTO, OR.)	AUSE AS A CONSEQUENCE OF:
near rollure, asmenia, erc. it means me disease,	
Argeric	sclerotic cardiovascular disease
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
KISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
	·
other significant conditions Contributing Contr	sion of scalp
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
Z 22A. EXTERNAL CAUSE WAS 228, PLACE OF INJURY(e.g.,	Yes
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	In or obout 22C. WHERE DID (If in Baltimore City, give exact location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, farm, foctory, street, office uniting Cause of Death.	In or about 22C, WHERE DID (If in Baltimore City, give exact location) a bldg., etc.) INJURY OCCUR? 2226 Frederick Avenue
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	Yes In or obout 22C, WHERE DID (if in Baltimore City, give exact location) bldg, etc.) INJURY OCCUR? 2226 Frederick Avenue 22F. How DID INJURY OCCUR? Acute myocardial infarct precipitated
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, farm, foctory, street, office uniting Cause of Death.	In or about 22C, WHERE DID (If in Baltimore City, give exact location) a bldg., etc.) INJURY OCCUR? 2226 Frederick Avenue
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK NOT AT WORK AT WORK	In or obout 22C. WHERE DID (if in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR? 2226 Frederick Avenue 22F. How DID INJURY OCCUR? Acute myocardial infarc precipitated by assult and robbery
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTILING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED. WHILE AT NOT AT WORK AT WO	In or obout 22C. WHERE DID (if in Boltimore City, give exact location) blidg., etc.) INJURY OCCUR? 2226 Frederick Avenue 22F. How DID INJURY OCCUR? Acute myocardial infarct precipitated by assult and robbery and that on this basis, death in my opinion
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK NOT AT WORK AT WORK	in or obout 22C. WHERE DID (if in Baltimore City, give exact location) bidg., etc.) INJURY OCCUR? 2226 Frederick Avenue 22F. How DID INJURY OCCUR? Acute myocardial infarct precipitated by assult and robbery topsy and that on this basis, death in my opinion Homicide Undetermined manner
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTILING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED. WHILE AT NOT AT WORK AT WO	in or obout 22C. WHERE DID (if in Boltimore City, give exact location) bidg., etc.) 226 Frederick Avenue 227. How DID INJURY OCCUR? Acute myocardial infarct precipitated by assult and robbery topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTILING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED. WHILE AT NOT AT WORK AT WO	In or obout 22C. WHERE DID (if in Boltimore City, give exact location) blidg., etc.) injury occur? 2226 Frederick Avenue 22F. How DID INJURY OCCUR? Acute myocardial infarct precipitated by assult and robbery topsy and that on this basis, death in my opinion Homicide T Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT NOT WORK NAT WORK AT V 23. 1 certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicide ACTUAL SIGNATURE EXAMINER'S Charles S. Spritgate, M.D.	in or obout 22C. WHERE DID (if in Baltimore City, give exact location) bidg., etc.) 1NJURY OCCUR? 2226 Frederick Avenue 22F. How DID INJURY OCCUR? Acute myocardial infarct precipitated by assult and robbery topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 10-19-70 WHILE AT NOT AT V 23. 1 certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY	In or obout 22C. WHERE DID (if in Baltimore City, give exact location) bidg., etc.) 10,1000 22C. WHERE DID (if in Baltimore City, give exact location) 22C
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 10-19-70 WHILE AT NOT AT V 23. I certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY	In or obout 22C. WHERE DID (if in Baltimore City, give exact location) bidg., etc.) injury occur? 2226 Frederick Avenue 22F. How DID INJURY OCCUR? Acute myocardial infarc precipitated by assult and robbery topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER October 22, 1970
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 10-19-70 1 certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, PARE PARE OF INJURY (e.g., home, farm, foctory, street, office home, farm,	in or obout 22C. WHERE DID (if in Baltimore City, give exact location) bidg., etc.) injury occur? 2226 Frederick Avenue 22F. How DID INJURY OCCUR? Acute myocardial infarct precipitated by assult and robbery topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 22, 1970 or CREMATORY 24D. LOCATION (City, town, or county) (State)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 10-19-70 WHILE AT NOT AT V 23. I certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY	In or obout 22C. WHERE DID (if in Baltimore City, give exact location) bidg., etc.) injury occur? 2226 Frederick Avenue 22F. How DID INJURY OCCUR? Acute myocardial infarc precipitated by assult and robbery topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER October 22, 1970
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 10-19-70 1 certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, PARE PARE OF INJURY (e.g., home, farm, foctory, street, office home, farm,	in or obout 22C. WHERE DID (if in Baltimore City, give exact location) bidg., etc.) injury occur? 2226 Frederick Avenue 22F. How DID INJURY OCCUR? Acute myocardial infarct precipitated by assult and robbery topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 22, 1970 or CREMATORY 24D. LOCATION (City, town, or county) (State)

11/4/70 - Letter from M.E.O.

/11 11.396	Y HEALTH DEPARTMENT 70 10396
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 70 1930
1.NAME OF DECEASED (Type or Paint) Willie Milkins	2. DATE AND HOUR OF DEATH 10-9-70 1:00AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES PT NO []
37 Mercy Hospital, Inc.	E. STREET AND NUMBER 2863 W. Cold Spring Lane
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	P. DATS OF BIRTH
Male Colored WIDOWED DIVORCED	6-26-17 Sast birthdey 53 Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNT
Presser (Paning Plant	North Carolina USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. Was Decoused Ever in U. S. Armed Forces? 16. SOCIAL	Withie Johnson
5. Was Decased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS La
Nx 238-12-443	My Duesie a Dright 2963 M Colosa:
18. 4 0 2 X 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEA
LEADING TO DEATH	USE Cerebro Vasarlar accident
	A CONSEQUENCE OF:
intury of complication which caused death.)	
ANTECEDENT CAUSES	Huner teacion
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	Hypertensian A donsequence of: Cardiac standstill
rise to the obove couse (A) stoling the	Carlo
UNDERLYING CONDITION lost. (C)	Cuidiac Stand RAIL
z	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or DEATH (notify medical examiner)	n or obout 21C, WHERE DID (If In Boltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED Willo Al	21F. HOW DID INJURY OCCUR?
I (White Old)	
Work L At Work	
22. I certify that (I) (this hospital) attended the deceosed from	10/7 1970 to 10/9 197
that (1) (we) last saw the deceased alive on	19ond that in(my) (our) opinion death occurred on the de
ond haur and from the couses stated obave. (1) (We) (did) (did not) v	lew the body ofter deoth.
23A. SIGNATURE	23B. DATE SIGNED
Atte	nding Med. Staff 17
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
NAME (Type)	1100
1200 Reun KIMEGREE	May Hospital
44. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or ganty) (State)
Bureal 16-12-70 Mt. (Juhurn)	emetery Mesthert (Restrictions) ml
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTAR	25C, FUNERAL DIRECTOR ADDRESS L
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTURE CO. 2.3. 1970	Danos Louisa 2222 11 Meret are
\$ 150-REV. 3/1/68	J. J

Coretor Wanter De De 11 Hope or the some Carrie Danished 20 6121 26 - 4/2/ 3 Per Kem Kim hory many

BALTIMORE CITY HEALTH DEPARTMENT

	70	103	39MED	ICAI	L EX	AMINER'S	CERTIF	ICATE O	F DEAT	H REG. NO.	70	10397
T.	NAME OF DEC		NORA S				2. DATE OF	Known K	Month	Doy	Yeor	Hnur
Ļ	DI ACE INT BALL	IMORE MA				luiero osia	DEATH	Estimated [er 14, 1		м
FU	PLACE IN BALT JUL NAME OF DSPITAL R INSTITUTION	(IF NO		LORINS		N, GIVE STREET (DOA)		DUNCED DEAD		or 14,		5:30 P.
r		outh Ba	altimo	e Ge	nera	al Hospital	A. STATE	Marylan		B. COUNTY	n: residence	before admission)
6.		7. RACE				NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE C	ITY LIMITS?	100
	Female	Neg	gro	WIDOY	VED [DIVORCED [Baltimo	re	Y	ES 🗌	NO 🗆
9.	Dec 23	, 1930	10.AGE (ir lost birthdo: 4(()	Month.	for 1 Yr. If Under 24 Hrs. s Days Haurs Min.	E. STREET	AND NUMBER	ellbank			
11.	BIRTHPLACE (S)	_			W	TIZEN OF HAT COUNTRY?	4.	R'S NAME	A 6/-		a	
14/	A.USUAL OCCUP	ATION (GIM	e kind of work!	48. KINE		USINESS OR INDUSTRY		FR'S MAIDEN N	AT MC	ann	-7.6	
gor	House of the second	ewif	en it refired)			MASSES	1 -	ara l	Druo	Re		
16. (Ye	WAS DECEASE	D EVER IN (If yes, give w	U.S. ARMED	FORCE:	5?	SECURITY NO.	MLSS	Brenda 1	Harris	1611 Br	DDRESS TICLE	+ Bot 3
	19. 420	-X.				CAUSE OF DEA					A	PPROXIMATE INTERVAL
	DISEASE	OR COND	MON DIREC	TIY							SETV	WEEN ONSET AND DEAT
	L	EADING TO	DEATH			(A)IMMEDIATE C	AUSE FO	cal myoc	ardial :	fibrosis	3	
	(This does no heart follure,	asthenia, etc.	It meons the	disease.		DUE TO, OR A	S A CONSE	QUENCE OF:				
	Injury or com	injury or complication which coused death.)										
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR AS A CONSEQUENCE OF:											
	DISEASES O	ABOVE CAL	JSE (A) STAT	GIVING ING THE		DUE TO, OR	AS A CONS	EQUENCE OF:				
2	UNDERLYIN	G CONDIII	ON LAST.			(c)						
CERTIFICATION	OTHER SIGNI		H IDITIONS CO	NTRIBU	IING							
은	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL	-						
ERT	20A. DATE OF					HICH OPERATION WA	S PERFOR	MED			21. AUTO	PSY? (Yes ar No)
0	2										Y	?es
EDICA	22A. EXTERN UNDERLYING LAU		TRIB-		228. Pt home, I	ACE OF INJURY (e.g., farm, factory, street, office	in or abaut bldg., etc.)	22C. WHERE DIE	(Il in Baltimor	e City, give exc	ci location)	
Σ			oy) (Year	(Havi	WH		WHÎLE .	22F. HOW DID I	NJURY OCCU	R?		
	23.				m. WC	ORK LI AT W	ORK					
	1 certif	fy that I he	eld on Ir	quiry [] 1	Inspection Aut	opsy K	and that on	this basis,	death in my	opinion	
	resulte	d fram: Ni	atural cour	05 X	_ 100	ident Suicid	• 🗌 н	omicide 🗌		ed manner	_	
	ACTUAL	10	1. 00	1)	1	5-1		CHIEF MEDICAL	LEXAMINER			DATE SIGNED
	SIGNATU	RE_U	ans	2.5	-7	Tale M.D.	ASS	ISTANT MEDICA	L EXAMINER	X		DATE SIGNED
	EXAMINE NAME (Ty	pe)		• Spi	ring	ate, M.D.	ASS	OCIATE MEDICA	L EXAMINER	☐. Oct	ober 1	15, 1970
24 RE	A. BURIAL CREM MOVAL (Specify	ATION, 2	48. DATE	1	24C	NAME of CEMETERY	OF CREMAT	2RY 241	LOCATION	(City, town	or county)	(State)
	Dures	11 /	0/14/	70	1	Rt. Wilher	NE	Em 9	restport	/ Bitte	mid)	me
25	A. DATE REC'D B	Y HEALTH D		258. N	AME O	F REGISTRAR	25C.	FUNERAL DIREC	TOR)	Al	DDRESS	11 -1
	Ú	CT 23	1970	Kober	BE,	Jaben M.D.	X	wiph h	· Meres	222	2. 1v.	herh line
VS	151.REV 3/1/68			7			160	3/3			/	1

IMPORTANT

DIRECTOR:

FUNERAL

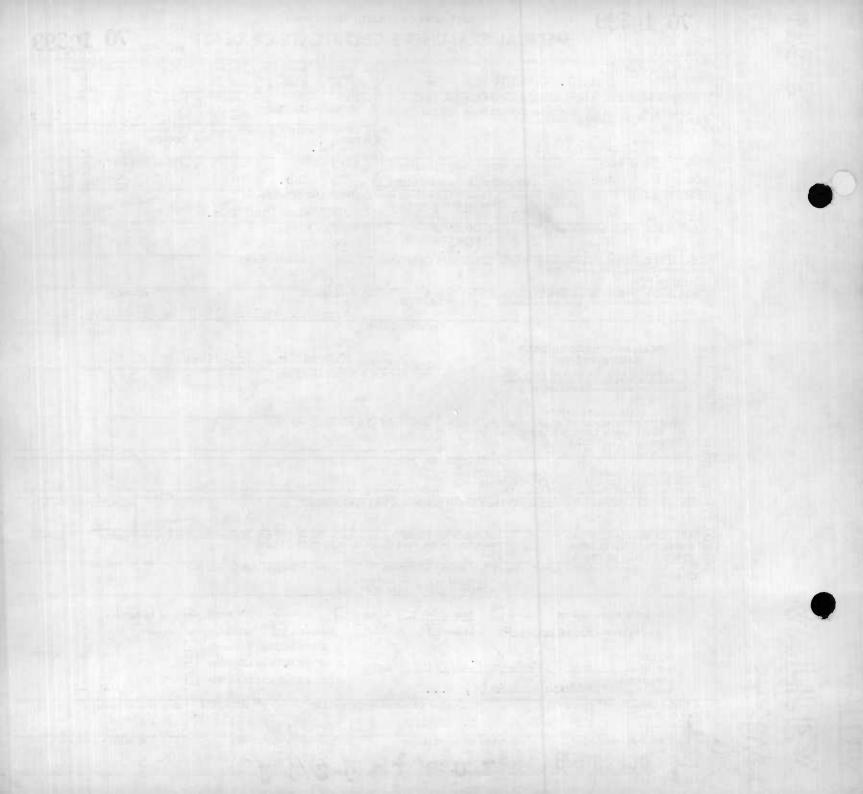
Cally 1

7-21-70 3 124

		•		10	103
٨	1	4	20		
	1		m ()	DIDTH NO	

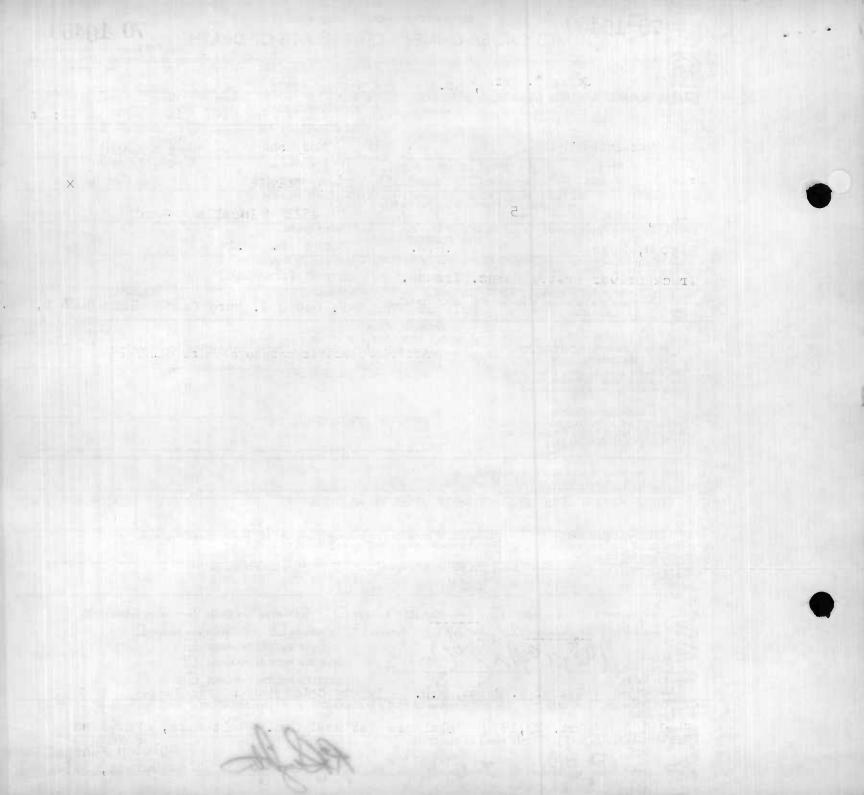
MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH	H. 70 103

BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) NODMA T LIATTACE	2. DATE Known Month Doy Yeor Hour
NORTH J. WALLACE	DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Day Yeor Hour PRONOUNCED DEAD 10 01 10 70
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	10 21 1970 5:20 a _{M.}
1/2	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
Sinai Hospital	Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?
6. SEX 7. RACE 8. MARRIED NEVER MARRIED 1	
C MIDORED DITORCED ES	Balto . YES ☒ NO ☐
lost birthden Months Doys Hours Min.	,
12-20-46 23 11. II. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	3206 Woodland Ave.
WHAT COUNTRY?	Joe Askins
Florence, S. C. U.S.A. 14A.USUAL OCCUPATION (Give kind of work) 14B.KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	
Housewife 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Edith Washington 18. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dates of service)	
no CAUSE OF DEA	Harry Lee Wallace 3206 Woodland Ave.
The state of the s	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Phoimatic heart disease
I this does not mean the mode of dving, e.g.,	AUSE Rheumatic heart disease
heart loilure, osthenlo, etc. It means the disease, Injury or complication which coused death.)	NO Y COURT OF OIL
ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IF ANY CHANG	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	A CONTROL OF
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
15 C	no
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	
UNDERLYING OR CONTRIB- home, farm, lactary, street, office	In or about 22C. WHERE DID (II in Baltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT	WHILE
23.	/ORK LJ
I certify that I held an Inquiry Inspection X Au	topsy and that on this basis, death in my opinion
resulted from: Natural oguses Accident Suici	de Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE A Patestalin M.E.	ASSISTANT MEDICAL EXAMINER
EYAMINED'S	ASSOCIATE MEDICAL EXAMINED
NAME (Type) Isidore Mihalkis, M.D.	10-21-70
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	
Burial (Specify) 10-24-70 Mt. Auburn	Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 1735 Harford DOLLES. 21213
OCT 23 1970 Palent & Japley M.D.	Marshall W. Jones, Jr.
VS 151-REV. 1/1/68) -9-3-8-3



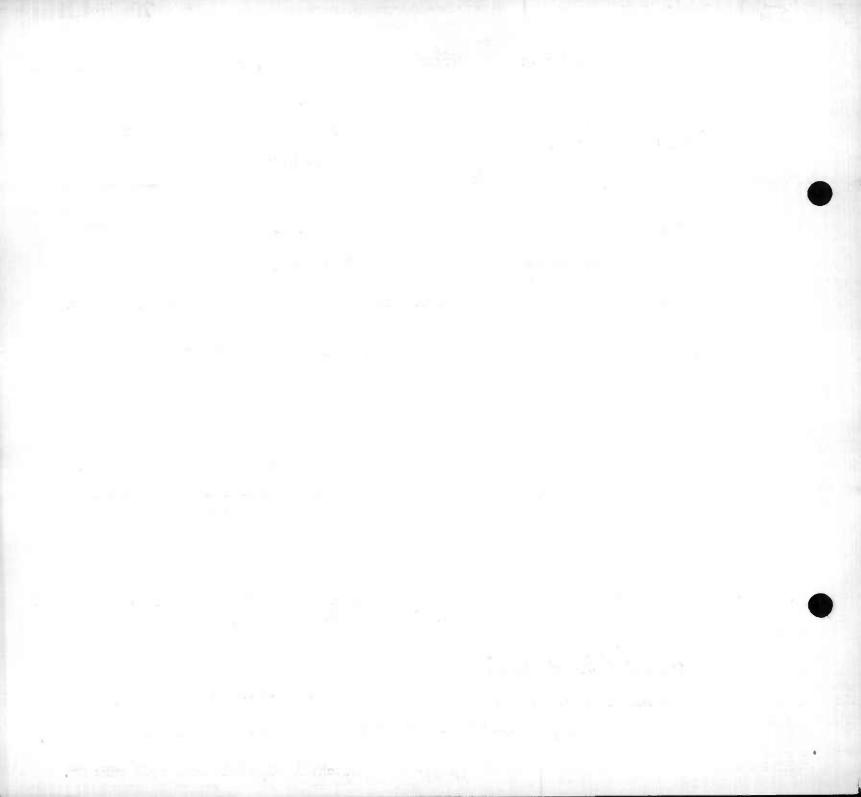
	BALTIMORE CITY I	HEALTH DEPARTMENT			ma	10200
CAL	EXAMINER'S	CERTIFICATE	OF	DEATH	UV.	10400

		104	09 MED	ICAL		ALTIMORE CITY HEA			OF	DEAT	H REG. NO	70 1	.0400	
	RTH NO.	CALED					in DATE		137	14 1		V .	I	==
(Ty	NAME OF DEC		James F	. Har	ce .	Sr.	2. DATE OF DEATH	Known	ted 🗆	Month	Doy	Yeor	Hour	M.
FUI	PLACE IN BAL IL NAME OF SPITAL	(IF NO	- '''	L OR INST			3. DATE	UNCED DI	EAD	Month 10	Doy 20	Yeor 70	Hour 11:45	
OR	Wa		w Motel				A. STATE	Maryla		deceosed I	Anne A	runde]		on)
	nale	7. RACE	0		-	NEVER MARRIED	C. CITY O	7	40.4		D. INSIDE	CITY LIMITS		
9. 1	DATE OF BIRT		10. AGE (Ir lost birthdo	years y) 55	If Unde	DIVORCED L.		AND NUM	ABER	ngáll:	sine Ros	YES L	NO X	
11.	Boston.	Mass			WH	IZEN OF IAT COUNTRY?		nes A		lare				
don	TRUCK C	varking lile, ev Piver	ren if refired)) Ass	oc.	Transp.	Hani	nah (u						
16. (Ye	WAS DECEAS s, no or unknown VBS	(If yes, give	U.S. ARMED	FORCES of service)	7. SOCIAL DIU US 3782	MI e	David	ı J.	Hare	(son)	Glen	Burnie	, Md.
2	(This does in heart loilure injury or cor	LEADING TO tot meon the c, asthenia, ele application whi	mode of dy c. It meons the ich coused dec CAUSES IONS, IF ANY LUSE (A) STAT	ing, e.g., disease, ath.)		Arterio (A)IMMEDIATE (A)IMMEDIATE (A) DUE TO, OR A (B) DUE TO, OR	osclero AUSE AS A CONSE	QUENCE OF	-: -:	vascu	lar dis	8ET	APPROXIMATE INTI	
CERTIFICATION	TO THE DE	ATH BUT NO	NDMONS CO TRELATED TO I GIVEN IN PA N 208. COM	THE TERM	INAL	HICH OPERATION W	AS PERFOR	MED					OPSY? (Yes or	No)
MEDICAL C	UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)	USE OF DE	ITRIB-		home, fo	ACE OF INJURY (e.g., orm, loctory, street, ollic	e bldg., eic.)	22C. WHER INJURY OC 22F. HOW	CCUR?			no		
	ACTUAL SIGNAT EXAMIN NAME (' A. BURIAL CRE	URE URE ER'S Type)	24B. DATE	3 U. S	Spi to	M.D. I	ASS ASS Deputy or CREMAT	CHIEF ME SISTANT ME OCIATE ME Chief ORY	EDICAL E EDICAL E Medi	Judeterm XAMINER XAMINER XAMINER Cal E	xaminer	1 wn, or count		
25	Burial A. DATE REC'D			25B. N	AME O	Baltimore FREGISTRAR Janey M.D.	25C	Divided to	DUECTO	OR	Singl	ADDRESS Eton F	uneral Maryl:	Home

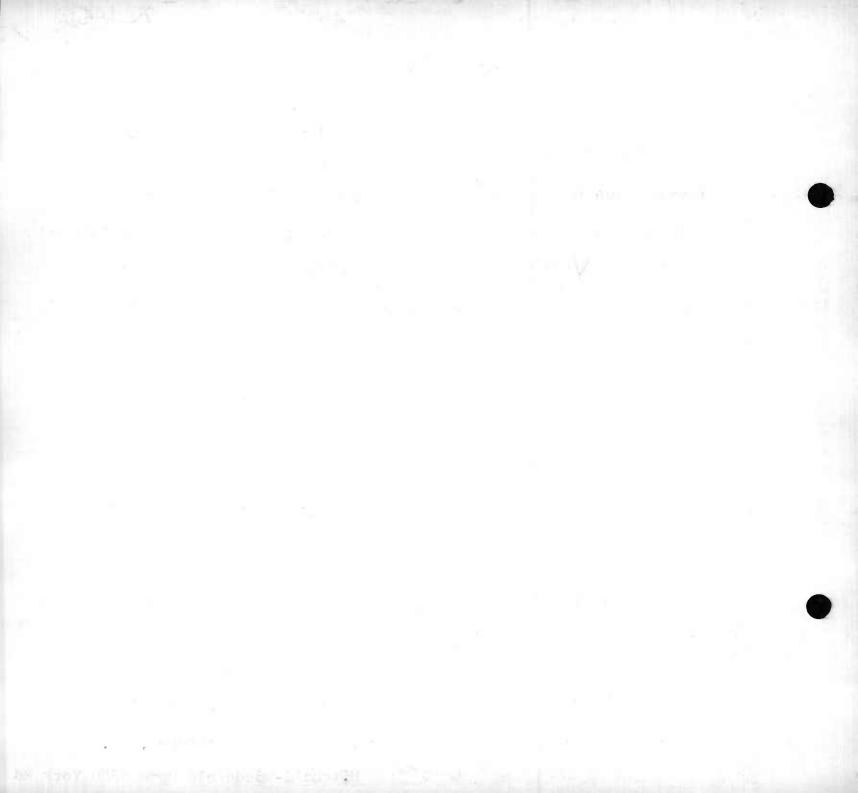


BIRTH NO. 1. NAME OF DECEASED (Type or Print) Olove		HEALTH DEPARTMENT TE OF DEATH REG. NO	70 10401			
1. NAME OF DECEASED (Type or Print) Clara	Keiscome Inman	2. DATE AND HOUR OF DEAT Oct. 21, 1970	H 10:19 A			
J. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF HOSPITAL OR ADDRESS OR LOCA INSTITUTION US Public Health Serve 3100 Wyman Parkway	AL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE I Where deceased lived. If institution: residence before admission. Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER 117 Croydon Road				
5. SEX 6. RACE W	WIDOWED DIVORCED	8. DATE OF BIRTH 9/2/98 9/2/98 9/2/98 9/2/98	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	TOR, KIND OF BUSINESS OR INDUSTRY	W.Va.	USA			
13. FATHER'S NAME Andrew Keiso		Emma Hensley (?)				
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) Of yes, give wor or dotes NO	16. SOCIAL SECURITY NO. 216-46-7039	Records— US PHS Hospita	ADDRESS al, Balto, Md.			
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meen the mode of heart failure, astherio, etc. It means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION lost,	dying, e.g., the disease, death.) (A) IMMEDIATE CAU DUE TO, OR AS A	Gram negative septical Consequence of: A CONSEQUENCE OF:	emia Hours			
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	Brain tumor	Months			
19A DATE OF OPERATION 19B CONE WAS PERFO	NTION FOR WHICH OPERATION	yes yes	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exect location)			
DEATH (notify medical examines) 21D.TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?				
22. I certify that (V) (this hospital) that (I) (we) lost saw the deceased and hour and from the causes state	olive on Oct. 21	19 70 and that in (m/r) (our) or	Ct. 21 19 70 inlon death occurred an the date			
23G. SIGNATURE Samuel P. Mard, 23G. PHYSICIAN'S NAME (Type)		ding Med. Stoff Phys. Stoff Stoff Phys. Stoff Phys. Stoff Phys.	23B DATE SIGNED 10/21/70			
Samuel P. Ward, S		US PHS Hospital, Ba	lto, Md. City, town, or county) (Stote) codlawn Md.			
25A. DATE REC'D BY HEALTH DEPT.	SE NAME OF REGISTRAR	Dogwood Rd Wo 25C. FUNERAL DIRECTOR Mitchell Wiedefeld Home	ADDRESS			

RGB



the che	BIRTH NO. 70 10402 CERTIFICATE OF DEATH REG. NO. 70 10402
f de f de ecea on h. S	1. NAME OF DECEASED (Type or Print) TOULAN, MARIA DATRICIA 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
to de de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND G. CITY OR TOWN BACTIMORE VES NO
butin ned c lar a d prii	The Union Memorial Hospital E. STREET AND NUMBER 1524 OAKRIDGE ROAD 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys; Hours; Min.
ath occupindetermine regulation is m	Female White WIDOWED DIVORCED 06-26-05 lost birthdoy) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even it refired)
rif death rect or c (4) Undet was in the dec	HOUSE WIFE MARTLAND AMERICAN 13. FATHER'S NAME LOUIS VUHN GERTRUDE V. LAFFERTY
the dirty kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 216-38-4109 MY, THEODORE D. TOULAN Same
lso, if of any of any unced	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH
ner. actur pror mbal	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: HYPERTENSION
exan (3) A n wh in re s are	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF:
medical Medical Aburns; physicia an was remain	O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
by a me by a me 2) Body bu re the ph physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, toclory, steet, office bidge, INJURY OCCUR? (If In Boltimore City, give exact location)
by the re; (No No I be)	DEATH (notify medical examines) etc.)
the the any n (exce	While At Not While At Work 22. 1 certify that (1) (this haspital) attended the deceased from 19 70 to 10 - 19 19 70
dent of death);	that (1) (we) last saw the deceased alive an
	Tofue the MD DEGREE Phys. Attending Med. Director Phys. Q Oct 19, 1970
This certificate make body was related was D.O.A at a deceased prior to written approval	10 NY U OTTE MD DEGREE UNION (Memorical Hospital 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CREMATORY 24D. LOCATION (City, town, or county) (Stole) Primical 10/22/70 Nov. Cothodnol
	Burial 10/22/70 New Cathedral Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. OCT 26 1970 Page 2. Jober M.D. Hitchell-Wiedefeld Home 6500 York Ro



. . . WE STORE YEAR . The second second

ô

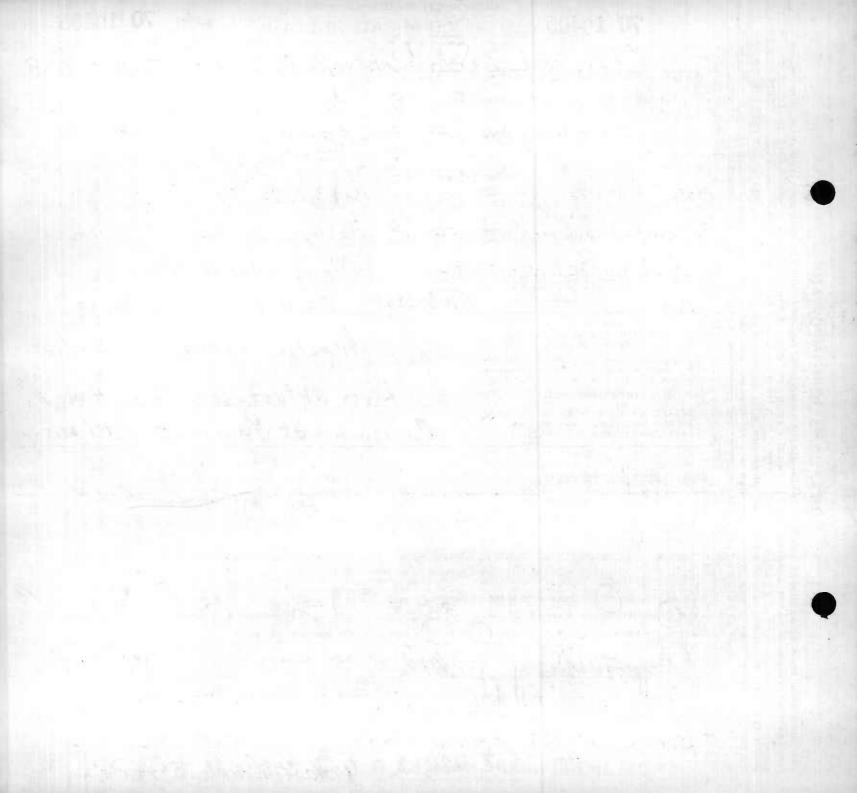
BALTIMORE CITY HEALTH DEPARTMENT

The real factor of the real fact THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT -initial with the control of the con and the season of the conand the contract of the contra The first way to be the second of the second

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



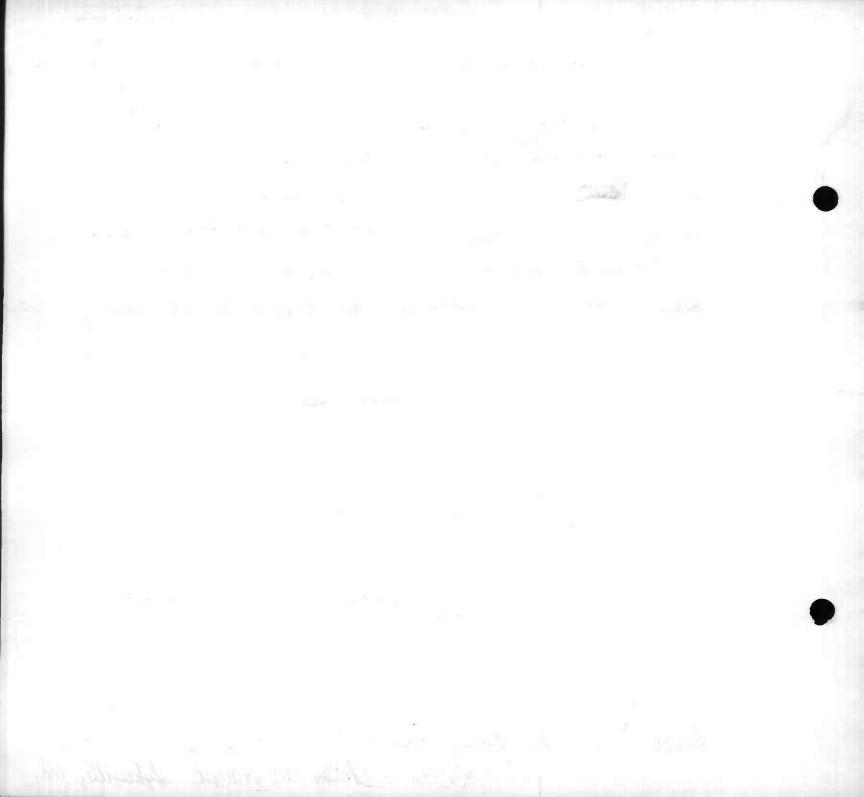
VS 150-REV. 1/1/68

Killing Peters Bright designer Address Letters E PAREN WIR INF E BATTHER . . .

BALTIMORE	CITY	HEALTH	DEPARTMENT	
_				

1	REG.	NO.	70	11	14	Œ,	1

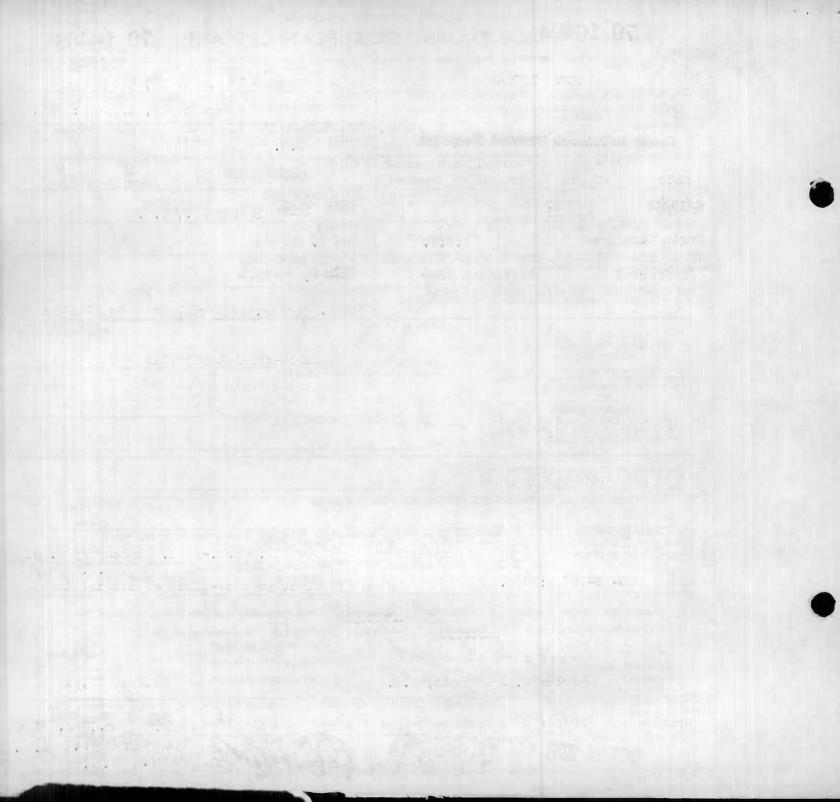
BIRTH IAO.	TE OF DEATH X REG. NO. 70 10407
1. NAME OF DECEASED (Type of Print) John Andrew Thomas	2. DATE AND HOUR OF DEATH 10-17-70 12:20 a.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission A. STATE B. COUNTY Maryland D. INSIDE CITY LIMITS? Baltimore YES NO E. STREET AND NUMBER Cooksville, Howard County
Male 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 9. ADE (In years lift Under 1 Yr. II) Under 24 Hrs Months Doys Hours Min. 11. BIRT/IPLACE Stole or foreign country! 12. CITIZEN OF WHAT COUNTR
Store Keeper 5 to Re	Charles County, Maryland U.S.A.
13. FATHER'S NAME TAMES E. Thomas 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of doles of service) SECURITY NO.	14. MOTHER'S MAIDEN NAME HARRIELT DUCKETT 17. INFORMANT ADDRESS
No 215 34 800 7	MRS. Josephine Pyndell WAShington D.
injury or complication which caused deoth.) ANTECEDENT CAUSES	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (B.C., in	20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, oil pearth (notify medical examiner)	or obout 21C. WHERE DID (If In Boltimore City, give exect location) lindury occur?
OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
that (4) (we) last sow the deceased olive on 10-17-70 and hour and from the causes stated above. (1) (We) (did) (did not) vi	-16-7019to10-17-70191919and that in (my) (our) aplaion death occurred on the dat lew the body after death.
VEOREE	nding Med. Shaff 10. 17. 60.
M. JAVAID SHAF 24A. BURIAL CREMATION, 124B. DATE 24A. BURIAL CREMATION, 124B. DATE 10-21-70 BUSING PARK 25A. DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR	PROVIDENT HOSPITAL MATORY 24D. LOCATION (City, town, or county) (Stote) What the state of the
VS 150-REV. 1/1/68	grany Tu Haight sycavily, Ma.



K520

	1 - 100	BALTIMORE CITY HEALTH DEPARTMENT	
74 h	10/108		

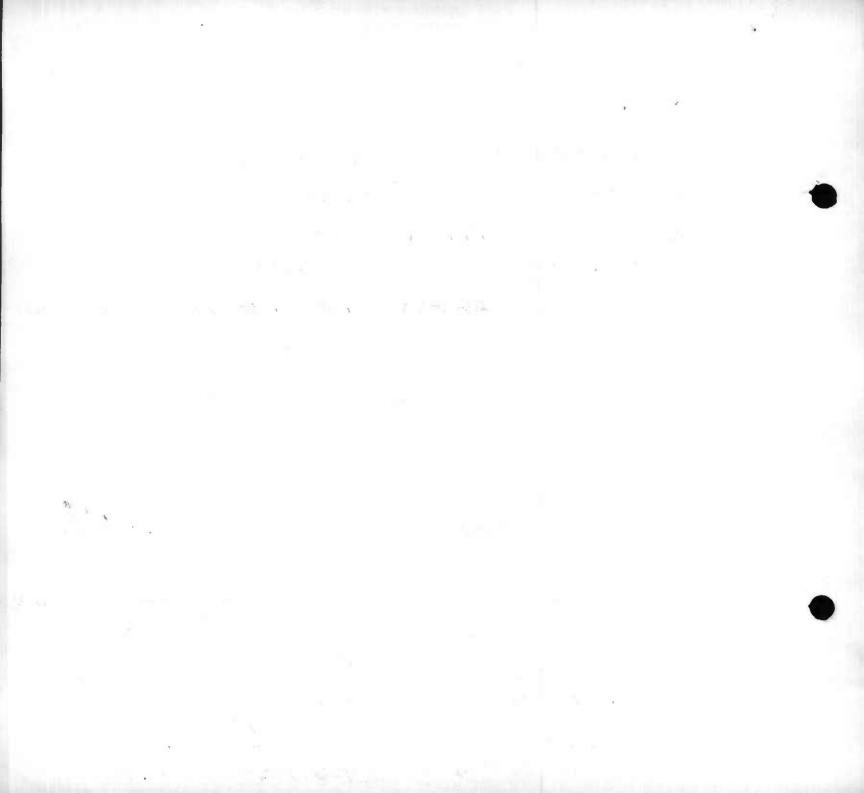
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 10408
I. NAME OF DECEASED (Type or Print) TROY KOONCE	2. DATE Known M Month Doy Year Hour OF DEATH Estimoted October 18, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (DOA)	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD October 18, 1970 4:15 A. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
South Baltimore General Hospital	D.C. B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Male Negro WIDOWED DIVORCED	C. CITY OR TOWN Washington D. INSIDE CITY LIMITS? Washington
9. DATE OF BIRTH 4/19/49 10. AGE (In years # Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.	IF STREET AND NUMBER
11. BIRTHPLACE (State or loreton country) North Carolina 12. CITIZEN OF WHAT COUNTRY?	Roy L. Koonce
Janitorial Salvation Army	Ella M. Johnson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (17. SOCIAL SECURITY NO. NO. NO. 119.	Roy L. Koonce, Father Same as #5 above
Injury or complication which coused death.) ANTECEDENT CAUSES (B)	CAUSE Gerebro-cranial injuries AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
	Yes
UTING CAUSE OF DEATH. EXPRESSWAY 22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 10-18-70 3:30 A. M. WHILE AT WORK i certify that I held an inquiry Inspection Au resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE	White 22F. HOW DID INJURY OCCUR? B & O R.R. Overpass White 21 Driver in auto-fixed object collision tapsy 22 and that on this basis, death in my opinion topsy 22 and that on this basis, death in my opinion topsy 22 and that on this basis, death in my opinion topsy 22 and that on this basis, death in my opinion CHIEF MEDICAL EXAMINER 22 DATE SIGNED
Charles S. Springate, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial Charles S. Springate, M.D. 24B. DATE 24C. NAME of CEMETERY Harmony Memori	or CREMATORY 24D, LOCATION (City, town, or county) (State)
OCT 28 THO CONTRACT OF THE STATE OF THE STAT	25c. FYNERAL DIRECTOR (1820 ADDRESS ST., N.W.
/S 151-REV. 7/1/68	MCCLIRE E.H



VS 150-REV. 1/1768

	120 4	100		Y HEALTH DEPARTA			F10 4 a	400
BIRTH NO.	70 10	409	CERTIFICA	TE OF DEA	\TH	REG. NO	70 10	409
1. NAME OF DECI	ASED			2. [DATE AN	D HOUR OF DEATH		
	DRAPER,	CHARLES	E.	C	CTOB	ER 21, 19	70 1	2:40P
	IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDEN	CE (Where	e deceased lived. If in	stitution: residenc	e belore odmission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	MARYLAN C. CITY OR TOWN	D	D. INS	IDE CITY LIMITS?	03
11	ST. AGNES	HOSPIT	AL	BALTIMO			YES X	NO 🗌
40				1808 MC		DV CT 21	223	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED X					II (I-do: 24 II
MALE	WHITE	WIDOWED	DIVORCED	bBH//bh	CAN	ost birthfay 47	Months Days	Il Under 24 Hrs Hours Min.
IOA. USUAL OCCU	PATION (Give kind of work orking tile, even if relired)	108, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stot	6 or foreig	on country)	12. CITIZEN O	F WHAT COUNTR
	ROPERATOR	CA T		MARYLAN	D		U.S.	•
3. FATHER'S NAM				14. MOTHER'S MAIL		NE .	0.5.	<i></i>
GEORGE ERMEST	RA PE R					NERMAN)DR	A DE D	
5. Was Deceased	Ever In U. S. Armed For	ces? 16.	SOCIAL	17. INFORMANT	(1 114	NEKIMAN JUK	APER	FCC.
YES	Of yes, give wor or dote		SECURITY NO. 16-12-5928	ST AGNE	SHO	SPITAL RE		
18. // 7	~ ^		CAUSE OF DEAT		3 110	OI TIME INE		OXIMATE INTERVAL
	OR CONDITION DIS	RECTLY			tero	O Preum	BETWEE	N ONSET AND DEATH
IThis does no	t mean the made of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	WED	4 0.00	~· -	***************************************
heart failure, a	sthenia, etc. It means lication which caused	the disease.	00L10, 0K A3	,		4	,	
	NTECEDENT CAUSES		cong	estive	He	art fa	elere	
DISEASES OF	CONDITIONS, if	any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF				
rise lo lhe	abave cause (A) CONDITION last,	staling the						
			(c)		***********			***************************************
OTHER SIGNIFIC	II ANT CONDITIONS COL	NTRIBUTING						
DISEASE OR CO	BUT NOT RELATED TO THE	1 (A).	*************					*************
19A. DATE OF	PERATION 198 CONI	DITION FOR WHIC	CH OPERATION	20 A. AUTOPSY? (Ye	es or No	208. IF YES, WERE F	INDINGS CONS	DERED
21A. ACCIDENT						IN CERTIFIENG CAL	DSES OF DEATH	
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF	home, for	CE OF INJURY le.g., in orm, foctory, street, of	or obout 21C, WHERE	DID CUR?	(If In Boltimore	City, give exoci	locotion)
	Month) (Doy) (Year)		URY OCCURRED	215 11011				
21 D. TIME I OF INJURY IAPPROX.)	,,	While A		21F. HOW D	חנאו פוכ	RY OCCUR?		
	(0) (1)	Work	At Work	Ш		70		
	hat (i) (this haspitai)			7.0		VO POCLOR		19/0
	ast saw the decease		OCTOBER 21			in(my) (aur) apin	lan death accu	rred an the date
23A. SIGNATUR	fram the causes state	ed abave. (i) (W	e) (did) (did nat) v	lew the bady after a	death.			
A.S	hams.	$M \cdot D$.	Dh. ar	nding Med.	. D s	haff X	23 B. DATE SIGNI	22-70
23C. PHYSICIAN NAME (Typ	S		DEGREE	20 4000000			DVIAND	21220
1 0	LLAH SHAMS	M.D.	1000	ST. AGNES			RYLAND	CAVEC
4A. BURIAL CREM REMOVAL ISP	ATION DATE		OF CEMETERY OF CRE		24D. LO		, town, or county	O AVEO.
Burial	10/24/	70 Ceda	r Hill Cen	netery		e Arundel	•	aryland
SA. DATE REC'D		258. NAME OF RE		25C. FUNERAL DI	RECTOR		ADI	DRESS
OCT	26 970 0	Bert E. Hank	84 (4)	Walters	F.un	eral Home	Pratt& Stree	Stricker

BUILD NOTES regard to a second of the company of

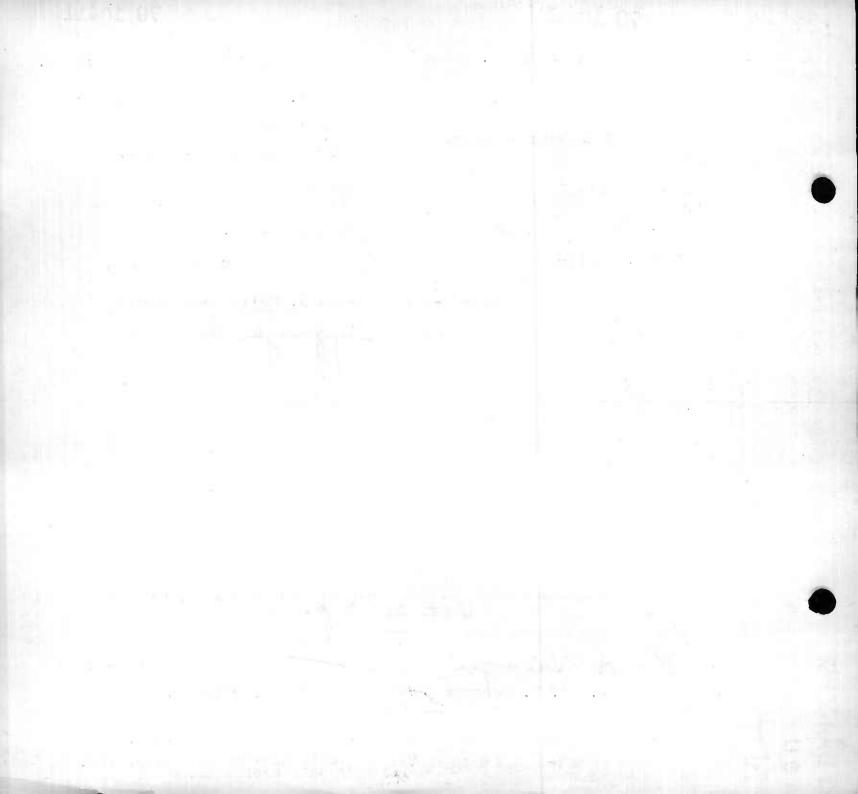


Such

	70 10411		BALTIMORE CITY			REG. NO.	70 1	10411	
BIRTH NO.			CERTIFICA	TE OF DI		D HOUR OF DEAT			
(Type or Print)		rius i	. KELLY		10/22			12:42 p.	
3. PLACE IN BAI	LTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	4. USUAL RESID	B. COUNT	deceased tived. th	institution: re	sidence before admissi	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION) INSTITUTION			TITUTION, GIVE STREET	Md. 21213 C. CITY OR TOWN D. INSIDE CITY LIMITS?					
				Bal ti	more		YES 🔀	NO 🗌	
	3023 Cheste	erfiel	ld Avenue	E. STREET AND					
00				3023	Cheste	erfield	Avenue	2	
. SEX	6. RACE	7. MARRI	ED X NEVER MARRIED	B. DATE OF BIRT	TH 9	. AGE (In years ost birthdoy)	If Unde Months	7 1 Yr. If Under 24 H	
male	white	WIDOW		11/30/0		64	7410111113	20,3	
	UPATION (Give kind of wo	rk 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITI	ZEN OF WHAT COUNT	
	working life, even if retired								
Inspec		Fish	ner Body		nore, N				
3. FATHER'S NA				14. MOTHER'S					
	Leo Kelly				Mary	Burns			
	d Ever in U. S. Armed F		1 6. SOCIAL	17. INFORMANT				ADDRESS	
	(II yes, give wor or do		e) SECURITY NO. 216-01-2218	Holon	r voll	1 (Tavlar)wife, abo	
1B. 7			CAUSE OF DEAT		. Kell	Ly (nee	Taylor	APPROXIMATE INTERVA	
(This daes	SE OR CONDITION E LEADING TO DEATH nat mean the mode of asthenia, etc. It mean mplication which cause	l f dying, e s the disea		USE A CONSEQUENCE		Jonka		6-7 ys	
	ANTECEDENT CAUSE	s							
rise to It	OR CONDITIONS, if ne abave cause (A G CONDITION last.			S A CONSEQUENC	E OF:				
TO THE DEA	FICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN P. F OPERATION 19B. CO WAS PE	THE TERMIN	AL	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WE	RE FINDINGS CAUSES OF	CONSIDERED DEATH?	
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)		21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct locotion), office bldg., INJURY OCCUR?					
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	101	21E, INJURY OCCURRED While At Not Wh Work At Work	ile 🗀	OM DID INT	JRY OCCUR?			
that (l) (see	y that (I) (th is hospit) last saw the decea	ed alive a	in Det 21	19/10	and the	9 6 6 ta () at in(my) (aur)		2 2 19 7 6 th accurred an the d	
and haur ar		ated abave	e. (I) (We) (did) (d id not)	view the body a	fter death.		122 P.A.	TE SIGNED	
123A. SIGNAT	UKE . A		4				123 B. UA	IE SIGNED	

Attending Phys. Staff Phys. 10-23.70 Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 1520 E. 33rd St. Grenzer 24C, NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24D. LOCATION (City, town, or county) (Stote) 10/26/70 DEPT. 258. N | 70 Moreland Memorial | 25B, NAME OF REGISTRAR | 25C, FL ial Park Baltimore, Md.

25C, FUNERAL DIRECTOR ADDR
Schimunek Funeral Home, Inc.
3331 Brehms Lane Burial ADDRESS 25A. DATE REC'D BY 1970 VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

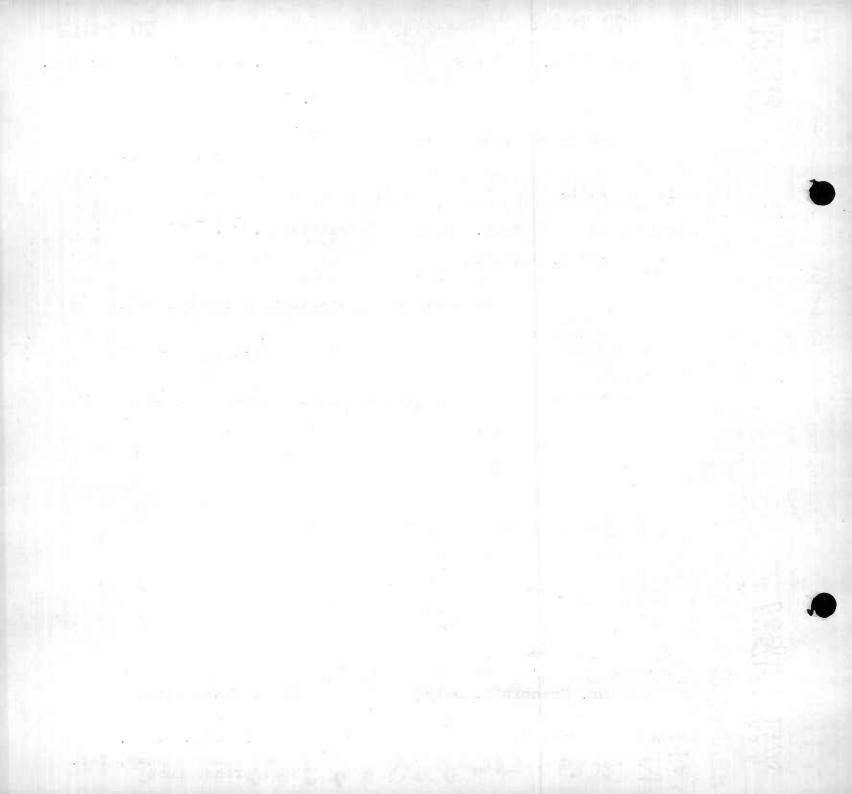
12. CITIZEN OF WHAT COUNTRY? ADDRESS Antoinette Kulishek, wife, above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (out) opinion death occurred an the date 23 B. DATE SIGNED Street (City, town, or county) Baltimore, Md. 25C FUNERAL DIRECTOR Funeral Home, 3331 Brehms Lane

6:45 a.

NO

Hours

If Under 24 Hrs.



IMPORTAN

DIRECTOR:

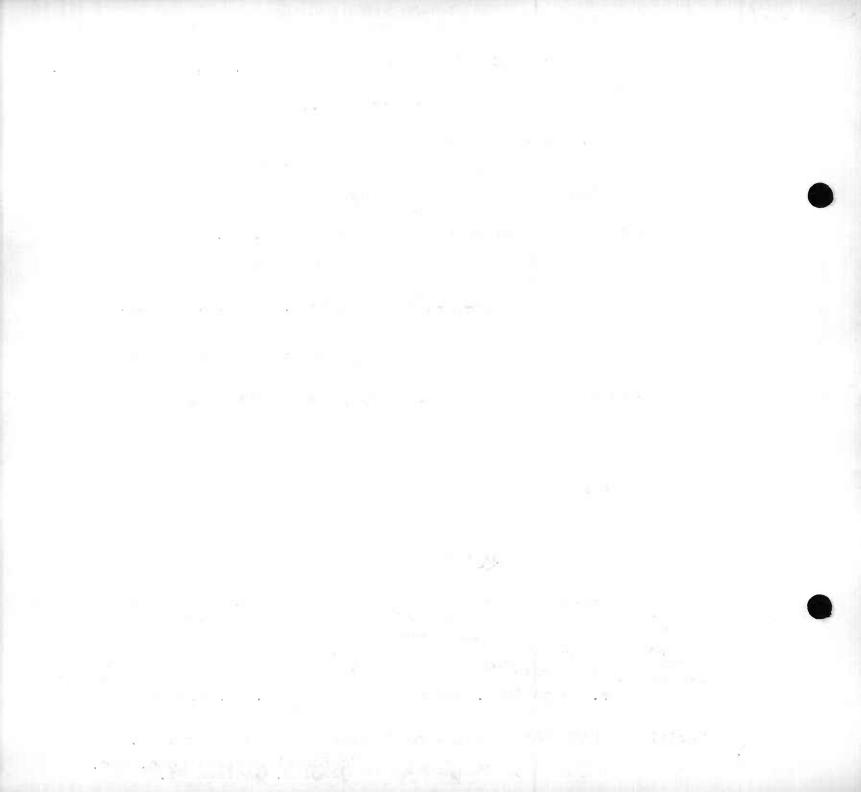
FUNERAL

V\$ 150-REV. 1/1/68

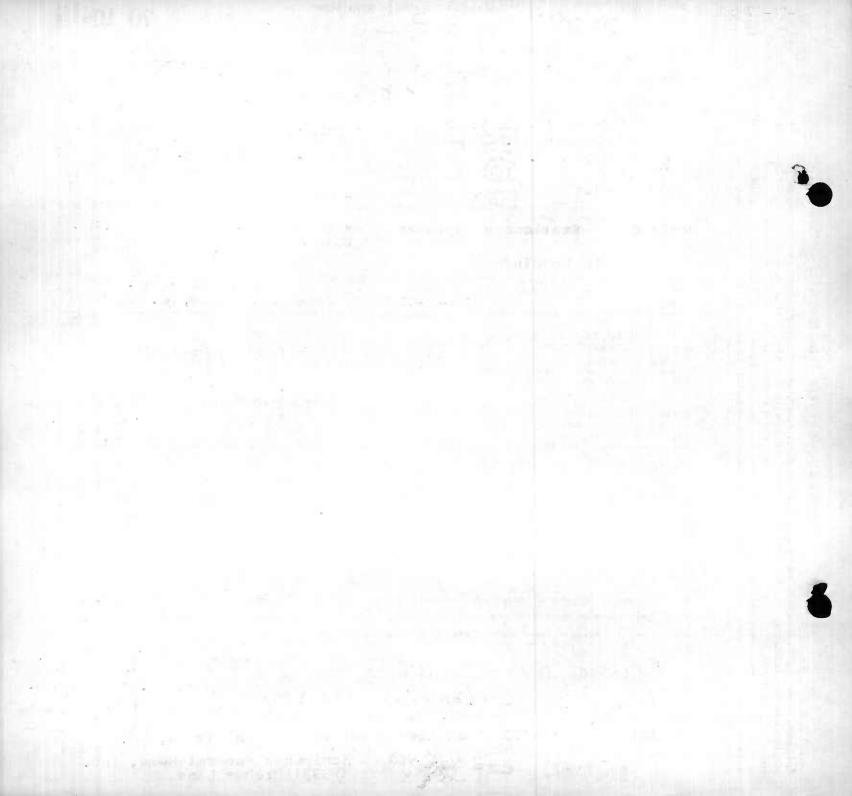
Brewning hong

531

VS 150-REV. 1/1/68



. n see nilim . n'' = el n

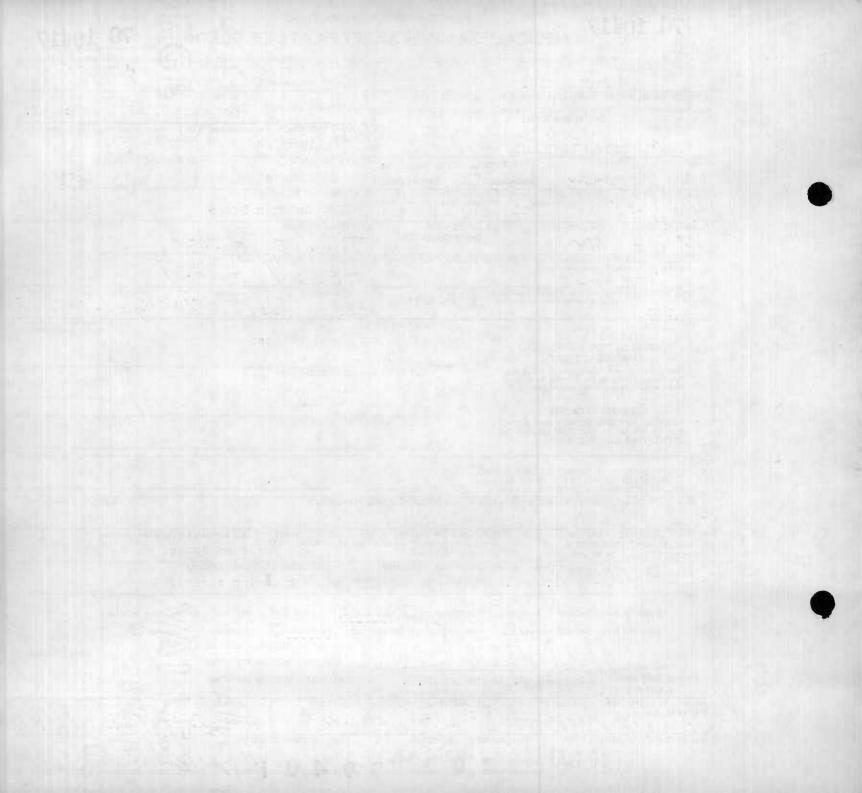


F430

VS 151-REV. 1/1/68

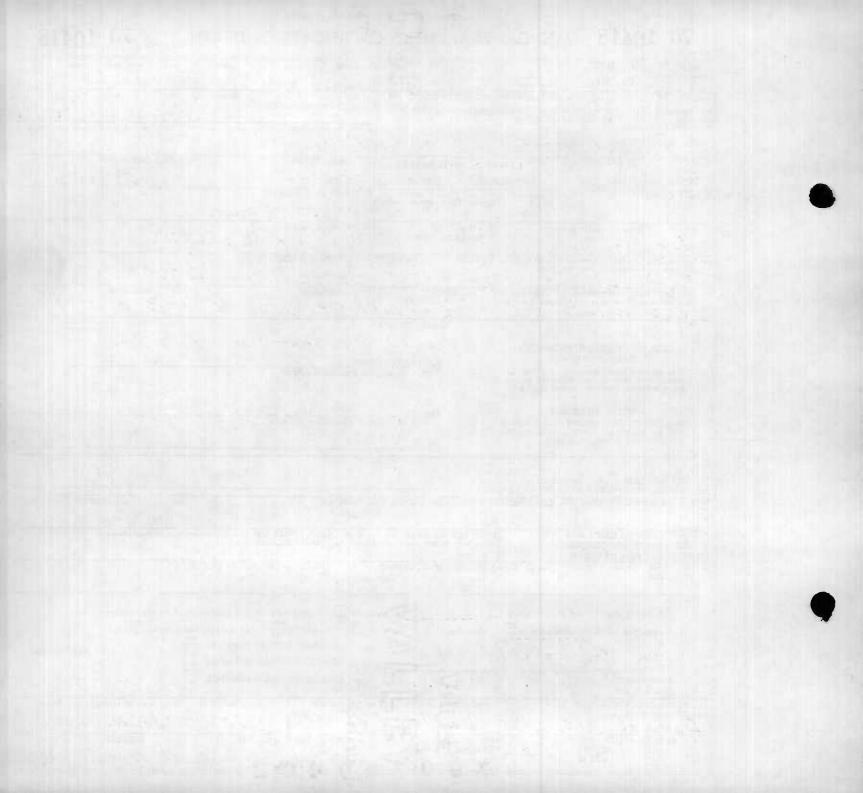
70 10417 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 10417

BIRTH NO.	/				
I. NAME OF DECEASED	2. DATE Known Month Doy Year Hour				
(Type or Print) HAROLD FLEET	OF DEATH Estimoled 1 / () 22 70 M.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD October 22,1970 7:20 P. M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)				
LUTHERAN HOSPITAL	A. STATE Maryland B. COUNTY /6-08				
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
Male Negro WIDOWED DIVORCED D	Baltimore VES NO				
9/30/48 lost birthdoy) 21 Months; Days; Hours; Min.	3700 Gelston Drive				
71. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME TOMMIE RISHEY				
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during manifol working life, even if retired)					
done during master working life, even !frettred)	HELEN FLEE!				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	HELEN FLEET 3700 Gelston Dr.				
W. CAUSE OF DEAT	TH APPROXIMATE INTERVAL				
Gunsh	ot wound of head				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(A)IMMEDIATE C	AUSE A CONSEQUENCE OF:				
heart follure, osthenia, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF				
injury of complication which cuosed dealit.)					
ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:				
UNDERLYING CONDITION LAST.					
(c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No.)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	yes				
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obout 22C. WHERE DID (If in Boltimore City, give exact location)				
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office HOUS €	Bldg., etc.) INJURY OCCUR 3620 Pressman Street				
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?				
	WHILE Shot during altercation				
23. I certify that I held an Inquiry Inspection Au	topsy 🖾 and that an this basis, death in my opinion				
resulted fram: Natural causes Accident Suicid	le Homicide X Undetermined manner				
8) 121/1	CHIEF MEDICAL EXAMINER				
ACTUAL // // //	ASSISTANT MEDICAL EXAMINER 🔀				
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 10/23/70				
NAME (Type)	ASSOCIATE MEDICAL EXAMINATE 10/25/10				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)				
REMOVAL (Specify)	Tured A 5501 Fraday P ORO				
During 1911/10 Each 110	To sol Oleaning of				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
OCT 26 1970 Obbert & Jaben M.D.	1 130 pl. M. Ja- P. 1304 h. Capella				



VS 151-REV. 1/1/68

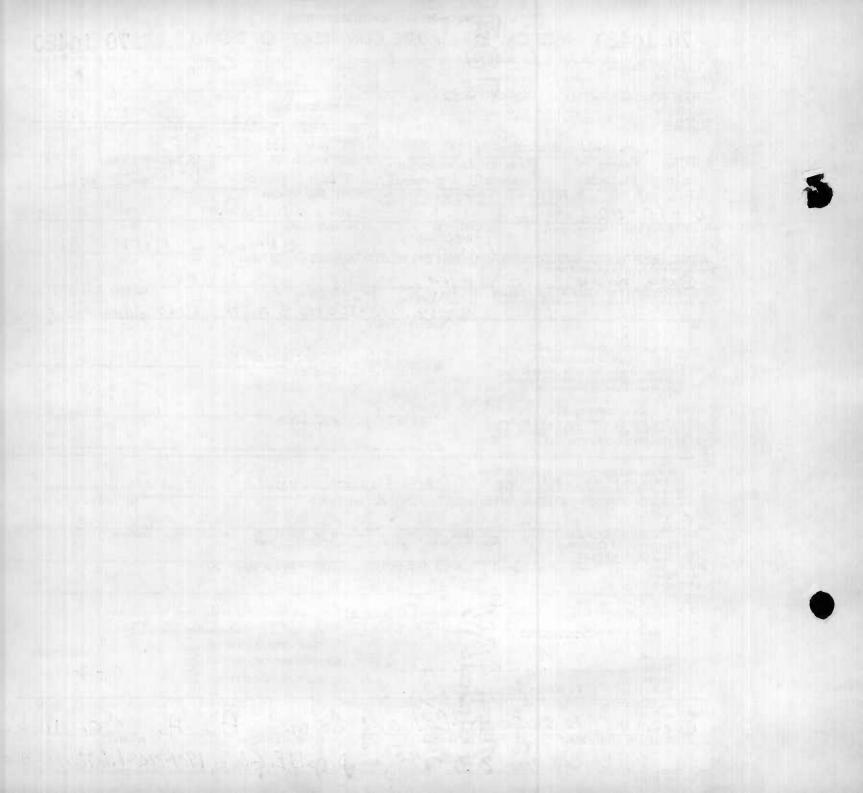
	BALLIMORE CIT TIEACTIT DEL ARTMETT	
	70 10418 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	70 10418
0115	BIRTH NO.	
452	1. NAME OF DECEASED 2. DATE Month Day (Type or Print) OF OF OF OF OF OF OF O	Year Hour
	CHARLES CULLINS DEATH Estimated	М.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Year Haur
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) PRONOUNCED DEAD October 22, 19	970 1:10 P _M .
	HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) OR INSTITUTION SCHOOL 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	A. STATE B. COUNTY	6 21
	HOPKINS HOSPITAL Maryland 6. SEX 17. RACE 18. ALABRIED (C. CITY OR TOWN D. INSIDE C.	CITY LIMITS?
	MARKIED IN NEVER MARKIED	
		YES NO L
	9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months Doys Hours Min.	
	44 413 N. Wolfe Street	
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
	BAITO md WHAT COUNTRY? WILLAM COLLINS	
	14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	4.4
	done during most of working life, even if relired) FORT MEADE PRISCILLA BROCK	OKS
		ADDRESS
	(Yes, no or upknown) (if yes, give wor or doles of service) SECURITY NO.	1. 11/0/fe :
	VK 3 484145-10-11-46 212-20-318/110/11 COLLINS 413	APPROXIMATE INTERVAL
	19. 44 / D. 4 1 CAUSE OF DEATH	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular dise	ease
	LEADING TO DEATH	
	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	
	heart lailure, asthenio, etc. It means the disease, Injury or complication which coused death.)	
	ANTECEDENT CAUSES (8)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	II TO THE DEATH BUT HOT MENTED TO THE TEMPHINA	
	DISEASE OR CONDITION GIVEN IN PART 1 (A)- 20A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	E ZOA. DATE OF OFERATION 200. CONDITION FOR WHICH OFERATION WAS PERFORMED	211 70101311 (121 21 11)
		no
		exact location)
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
	≥ 22D. TIME (Month) (Doy) (Year) (Hour) 22E,INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK	
	(APPROX.) m. WORK AT WORK	
	I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in m	v oninion
	resulted from: Noturol couses 🗵 Accident 📗 Suicide 📗 Homicide 🔲 Undetermined manner	
	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE AND MICH. ASSISTANT MEDICAL EXAMINER X	
	EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER	10/23/70
	NAME (Type)	10/23/70
		wn, ar county) (State)
	REMOVAL (Specify) 10/26/20 RALTO, NATIONAL (SCO) FOR	mich and
	Purial 10/20/10 Direction of 500 Jillan	ADDRESS
	25A. DATE REC'D BY HEALTH DEPT COLOR SERVICE STAR. 25C. FUNERAL DIRECTOR	ADDRESS (2 AL)
	The state of the s	1 - 11-1 11 11 -11-11741





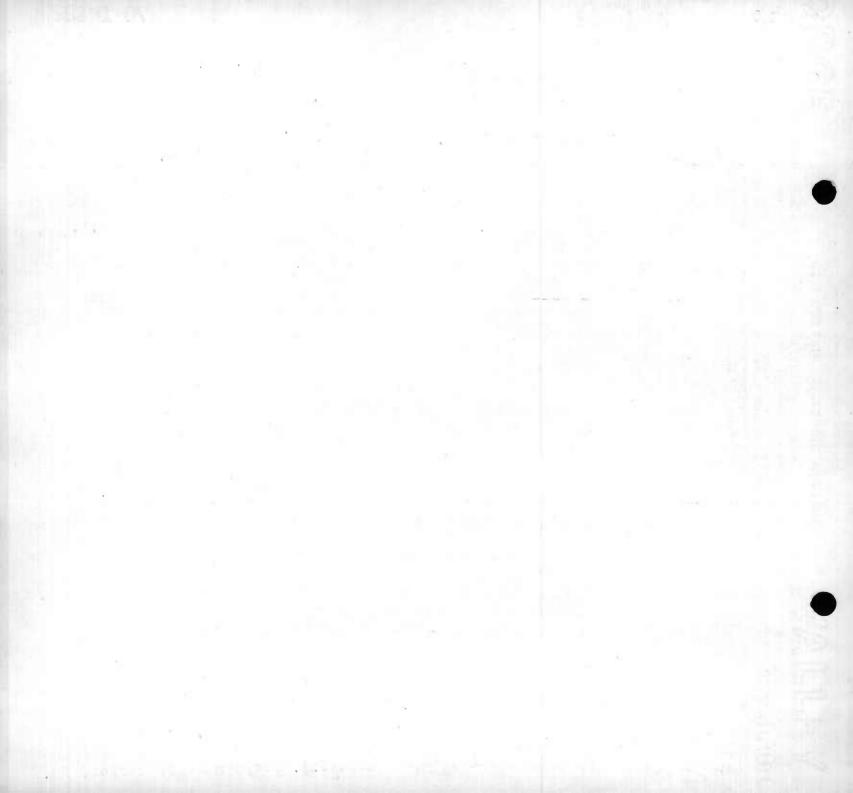
K 500

BI	70 1	0420	MED	ICAL	EX	AMINER'S	ERTIF	ICATE OF	DEAT	TH REG. NO.	70	1042	20_
1.	NAME OF DEC		ASIB KA	HN			2. DATE OF DEATH	Known Estimoted	Monih	Doy	Yeor	Hour	М.
FU	PLACE IN BALL LL NAME OF SPITAL	(IF NO		L OR INST		N, GIVE STREET	3. DATE	OUNCED DEAD	Month 10	20	Year 1970	10:1	LO PM.
OR	INSTITUTION		lic Hea		osp	ital	A STATE	RESIDENCE (Whe New Jerse		B. COUNTY	n: residence	befare adm	Issian)
6.	6. SEX 7. RACE 8. MARRIED NEVER MARRIED male Indian widowed Divorced				C. CITY O	rtown ffside Pa	rk	D. INSIDE C					
9.	DATE OF BIRT		10. AGE (In	yeors	If Une	der 1 Yr. II Under 24 Hrs. is 1 Doys , Haurs , Min.	E. STREET	AND NUMBER		Y	ES L	NO L	
11.	P-19 BIRTHPLACE	- 22 State or fore	48	,		TIZEN OF		St. Paul	Ave.				
					111.	HAT COUNTRY?	115 110711		ONG	- UN	JK.		
dor	Sea Sea	PATION (GI working life, e	ven if refired)	46. KIND	OF B	USINESS OR INDUSTRY	15. MOIH	EK'S MAIDEN NA	UK	K.			
16. (Ye	WAS DECEAS s, no or unknown	ED EVER IN	U.S. ARMED	FORCES of service) }	17. SOCIAL SECURITY NO.	18. INFOR		. 41		DDRESS (3		nd,
H	19. 5 7	2 X 1		9		053-22-5-6-77 CAUSE OF DEA	1	le 5 m	1111	1110		PPROXIMATE I	INTERVAL
	DISEAS	E OR CONI	DITION DIREC	CTLY			L	iver absc	ess				
	heart follure	not mean the	mode of dy ic. It meons the ich coused dec	disease.		(A)IMMEDIATE (QUENCE OF:					
		NTECEDEN		ain.j		(p)							
	DISEASES RISE TO TH	OR CONDIT	TONS, IF ANY	, GIVING		DUE TO, OR	AS A CONS	EQUENCE OF:					
0	UNDERLYI	NG CONDI	IION LASI.			(c)							
CERTIFICATION	OTHER SIGN TO THE DE DISEASE OF	ATH BUT NO	ONDITIONS CO OT RELATED TO N GIVEN IN P	THE TERM	INAL	Arterio	sclero	tic cardi	ovascu	lar dise	ase		
CERT	20A. DATE O	F OPERATIO	N 208. CO	NOMON	FORV	WHICH OPERATION W	AS PERFOR	MED				OPSY? (Yes	or No)
CAL	UNDERIVING	NAL CAUSE			228. P	LACE OF INJURY (e.g., farm, foctory, street, office	in or obout e bldg., etc.)	22C. WHERE DID	(If in Boltim	ore City, give ex		es	
MED	UTING CA	AUSE OF DE				E.INIURY OCCURRED		22F. HOW DID I					
	OF INJURY (APPROX.)						WHILE WORK						
	1 cer	tify that I		nqulry [topsy X			, death in my			
1	resul	ted from:	Natural cay	505 X	Ac	coldent Suici	de 📙 🛙 I	domicide L		ined manner			
Ĺ	ACTUAL		A	Mu	la	Zaladala M.).	SISTANT MEDICAL			10-	DATE SIC 21-70	3NED
	EXAMIN NAME (Type)		e Mih		kis, M.D.		OCIATE MEDICAL					
24 R	MOVAL (Spec	ify)	10-24	4-70	240	NAME of CEMETERY	ar CREMA	P ha	LOCATIO	N (City, tow	n, or county	(Si	iote)
23	A. DATE REC'E		1	258. N	IAME	OF REGISTRAR	/ 25C	FUNERAL DIREC	TOR		ADDRESS	11	Itali
		CT 26	1970	14 Bert	£.	Jaben M.D.	Do	wald E. 6	lover,	1701-170	23 N/a	itters	OU AU
VS	151-REV. 1/1/6	18											1/

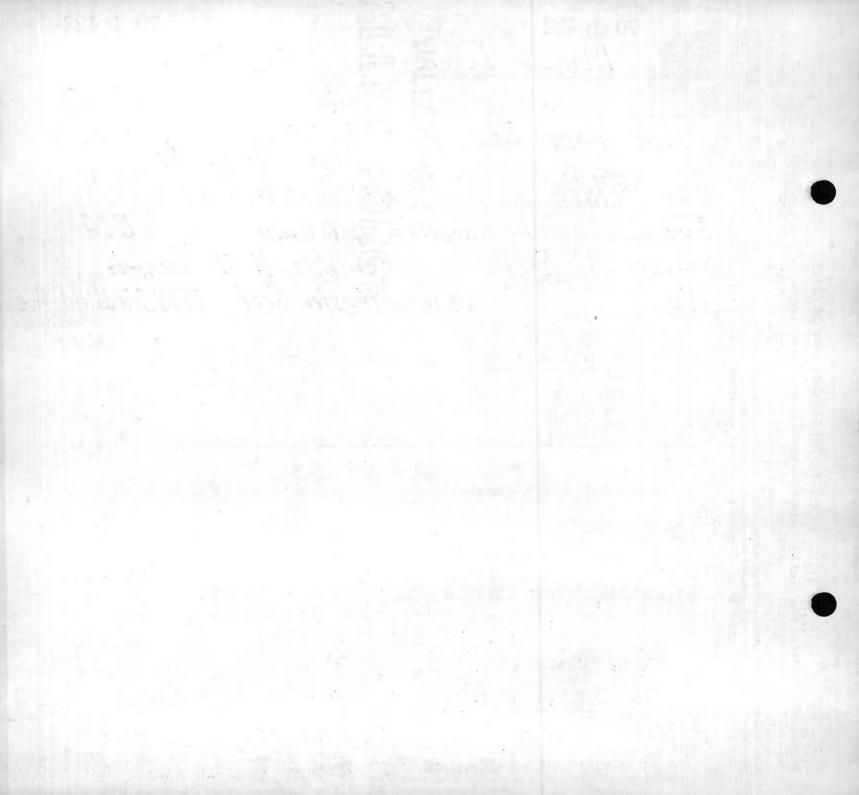


7-84-28 db 1	BALTIMORE CITY HEALTH DEPARTMENT
ar.	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 70 10421
and eath ased the Such	1. NAME OF DECEASED [2. DATE AND HOUR OF DEATH
- TO 0 E	DUFFEY, FRANK
Spira of S) Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decealed lived, If institution: residence before admission) A. STATE B. COUNTY
G 1 (1) 1 5	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C.CITY OR TOWN D. INSIDE CITY LIMITS?
00000	Dirminope demand to come
- 3 0	BALTIMORE CITY HOSPITALS Baltimore Baltimore YES NO E. STREET AND NUMBER
	5021 Managaria Assa 21200
	Baltimore, Maryland 21224 SUZI Iruesdale Ave. 21206 5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years 11 Under 1 Yr. , 11 Under 24 Hrs.
th occurred contribution in regular regular contribution in regular contribution is made.	Male White WIDOWED DIVORCED 12-6-1882 loss birthdoy) Months Doy's Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. RIPTHEL OF (Stella of facility control of the c
or or nder	Boliceman Police Balto, Go. U.S.a.
L C C C C C C C C C C C C C C C C C C C	13. FATHER'S NAME
nt if death direct or c if (4) Undet the was in on the properties of the properties	Frank Dully
tsi st ist de	2.20-54-7928 BCH-Redords 4940 Eastern Ave.
n 4 200 .	18. CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL
	I DEI WEEN ONSE I AND DEATH
Also Also e of noun atte	LEADING TO DEATH
. = -	heart failure, asihenia, etc. It means the disease
- C 0 3 E	ANTEGORIES ANTEGO
# E + O 6 6	/0\
6 X 6 7 5	inse to the above cause (M) stating the
- 0	
burns; hysicia n was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),
	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
hysi	WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?
a .0	III In politimore City, give exoci locolion!
Ped	To DEATH (notify medical examiner) O DEATH (notify medical examiner) O DEATH (notify medical examiner)
d (6) I	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AT Not While T
tai.	Work At Work
obt	22. I certify that (1) (this hospital) attended the deceased from 10-21 19 70 to 10-21 19 70
₽ (¥)	that () (we) last saw the deceased alive on 10-21 19 70 and that in (my) (our) opinion death occurred on the date
spit eat	and hour and from the gauses stated above. (1) (We) (did) (did not) view the body after death.
P O P E	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shoff [] 23B. DATE SIGNED
a to	aggrate Phys. Director Phys.
prior	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 940 Eastern Ave.
	John R. Brechtle MD. DEGREE BCH- Baltimore, Md. 21224
Sed	
110	Burial 10-26-70 Carriwood Parkwille Baltuto. And-
deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 7401 BAODRESS Rd.
	VS 150-REV. 1/1/68 Balto. Md. 21236

VS 150-REV, 1/1/68

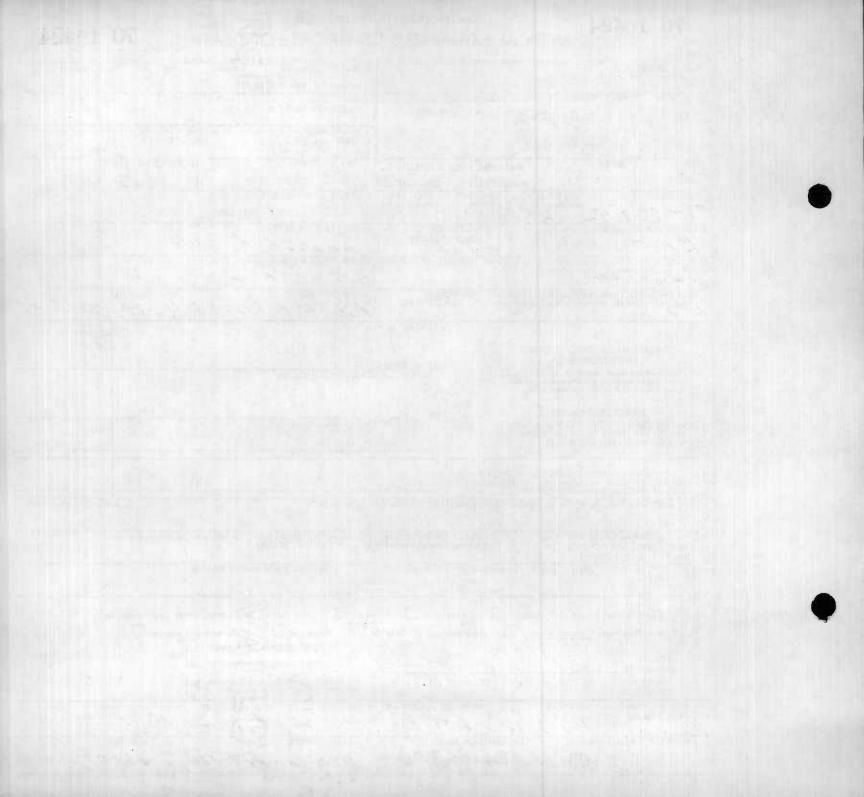


VS 150-REV. 1/1/6B



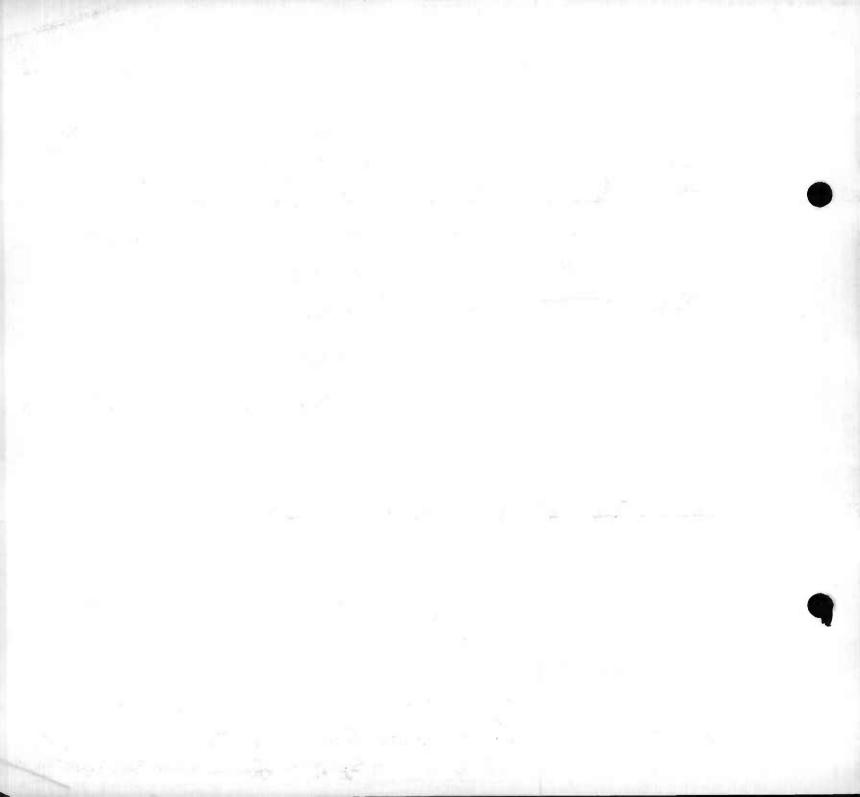
B532

	70 1	0424			BALTIMORE CITY H					mo d	10101
015			MED	ICAL	EXAMINER'S	CERTIFIC	CATE O	F DEATH	REG. NO.	70]	10424
1. 1	TH NO.	EASED				2. DATE	Known 🔲	Month	Doy	Year	Hour
(IAt	e or Print) A	LBERT	BONDS			OF DEATH	Estimoted [)			M.
					NOUNCED DEAD	3. DATE	INCED DEAD	Month	Day	Year	Hour
HO	L NAME OF SPITAL INSTITUTION	ADDR	ESS OR LOCA	IL OR INSTITUTION)	TUTION, GIVE STREET			October			8:55 P. M.
1	A	Rober	t Stree	et		I A STATE	Maryland		. COUNTY	14	1-03
6. 5	EX	7. RACE		8. MARRIE	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
1	la le	Ne	gro	WIDOWI	DIVORCED	J	timore		Y	ES 2	NO O
9. [ATE OF BIRTH	1949	lost birthdon	yeors	# Under 1 Yr. 11 Under 24 Hr Nonths Doys Hours Mi		Robert	Street			
11.	BIRTHPLACE (S		ign country)	1	2. CITIZEN OF	13. FATHER	SNAME	0			
	BA 1-7		ンシ		WHAT COUNTRY?		3266	BON	25		
14A don	USUAL OCCUI	ATION (GI	ve kind of work i ven if retired)	14B. KIND	OF BUSINESS OR INDUST		EATA	AME	206	D	
	WAS DECEASI			FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	MANT				SERT SY
H	19. ~ //	-9			CAUSE OF DE			02.00	120	AP	PROXIMATE INTERVAL
	DICEAC	OR CON	DITION DIREC	~TIV	Epilep	зу				BETW	TEEN ONSET AND DEATH
		LEADING T		CILT	(A)IMMEDIATE	CAUSE					
Н	heart follure,	osthenia, et	mode of dy	disease,		AS A CONSEQ	UENCE OF:				
	injury or con	iplication wh	ich coused dec	olh.)							
		TECEDEN	CAUSES	CDUNC	(B) DUE TO O	R AS A CONSE	TIENCE OF				
	RISE TO THE	ABOVE CA	ause (a) stat	ING THE			TOLINGE OIL				
20	ONDERSIN				(c)						
CERTIFICATION	TO THE DEA	TH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERMIN	NG NAL						
ERTI					OR WHICH OPERATION	WAS PERFORM	ED			21. AUTO	PSY? (Yes or No)
C	21		700								yes
EDICA	22A. EXTERI UNDERLYING UTING ☐ CA		VTRIB-	2 h	28. PLACE OF INJURY(e., ome, form, factory, street, of	ice bldg., etc.)	2C. WHERE DI	D (il in Boltimon?	City, give ex	act location)	
X	22D. TIME		(Doy) (Yeor) (Hour)	y .	. 2	2F. HOW DID	INJURY OCCU	R?		
	OF INJURY (APPROX.)				n. WHILE AT NO	WORK					
	23.	ify that I	hald on I	nquiry [Inspection 🔲 A	utopsy X	and that ar	this basis,	landh In	anlalan	
			Natural cau		panels		micide		ed monner	_	
	16201	V) 0	0	// / /		CHIEF MEDICA			_	
Н	ACTUAL SIGNATI	IRE 1 6	uld	W/	Cublin	ASSI	STANT MEDICA	L EXAMINER	\mathbf{x}		DATE SIGNED
	EXAMINI NAME (T	ER'S	Ronald	N. Ko	rnblum, M.D.		CIATE MEDICA	L EXAMINER		10/2	23/70
24. RE	A. BURIAL CREA	AATION.	248. DATE	1	24C. NAME of CEMETER			D. LOCATION	40	n, or county)) (Stole)
1	3	N	10/27	170		BURN		Snus			
25	A. DATE REC'D	BY HEALTH	DEPT.	258. NA	ME OF REGISTRAR	25C. I	UNERAL DIRE	CTOR	, ,	DDRESS	B
	007	261	1/U U/al	54.55 Ex	Markey That	ma	noton	NTIL	outre	1381	Tiemer
VS	151-REV. 1/1/68					1	. 0 0				U



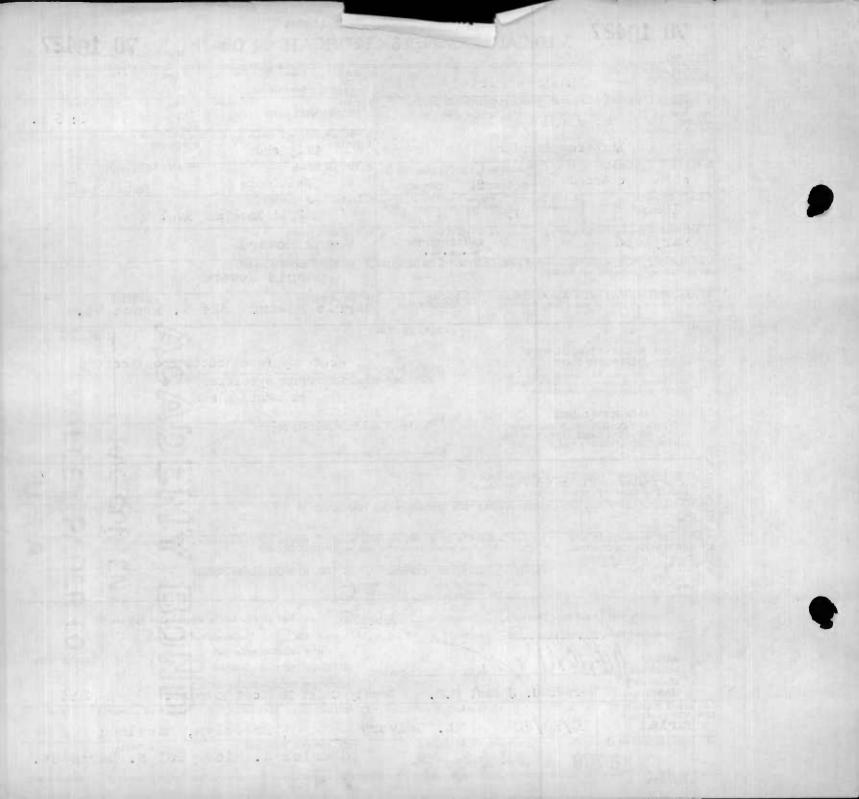


35	25 6 5 6	BIRTH NO. 70 10426 CERTIFICA	ATE OF DEATH REG. NO	70 10426
	and leath ased the Such	T. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	of de Obce ce on ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If A. STATE B. COUNTY	1970 6:30 AN
				Institution: festdence belote damissions
	hos nuse y; (5) dan dan	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. IN	ISIDE CITY LIMITS?
	use; use; tenc	University of Maryland Hospita	Baltimore	YES NOW
	of cau	1,22	E. STREET AND NUMBER	
	- 300 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	1311 St. Albans Road 8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	contribute regulation is ma	M Caucasian WIDOWED DIVORCED	1/16 /19/1 last birthday) 5-4	Months Doys Hours Min.
	tontri determi in regulecease	IOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	or or s i s	Bld. contractor Bld. contractor	Maryland	U.S. A.
	if d rect (4) U wa the ispos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ANT		Benjamin Seidman 15. Was Decased Ever in U. S. Armed Forces? 16. SOCIAL	Mollie	
TA	the di the di kind; death nce on final di	(Yes, no or unknown) (If yes, give war at dotes af service) SECURITY NO.		ADDRESS
ORT,	my hy had a	118. / \(\tau \) CAUSE OF DEA		Sa ME APPROXIMATE INTERVAL
IPO	his a so, if of any unced tenda	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND BEATH
3	Also Also e of noun atte	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO. OR AS	use infection	48 hrs.
ä	oro bal	heart laitue, asthenia, etc. It means the disease, injury at camplication which caused death.	A CONSEQUENCE OF:	
CTOR	fraction of the second	ANTECEDENT CAUSES (B) List de 5 p	read Rhabdomyosarcom	1 / 5 5 6 6
2	X A A A P	DISEASES OR CONDITIONS, if any, giving DUE TO, OR'A	S A CONSEQUENCE OF:	na. yrs mos
DIRE	ical extal e	rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)		
0	adica Jical Irns; rsicio was main	2 11		
Z	med dy bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A),		
FUNER		19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
5		12/22/614 1/30/14 PERTY WICER PORNATHY ROI	a Mach Dance NO	
11.	+=~000	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, of DEATH (notify medical examine)	iffice bidg. INJURY OCCUR?	are City, give exact location)
= 1	yd y Krei	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	he hosp by natur xcept w and (6) btained	OF INJURY (APPROX.) While At Not Whi Work At Work	l• 🗆	
6	the any and obt	22. I certify that (1) (this hospital) attended the deceased from	Oct. 20 1970 ta	Oct. 22 19 70
P	= 0	that (1) (we) last saw the deceased alive an Octo		Inlan death accurred on the dote
		and haur and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.	
	3 6 2 2	Att I I I II II II Att	ending Med. T Staff T	23B, DATE SIGNED
	releacci	23C. PHYSICIAN'S NAME (Type)	ending Med. Shaff Phys. 22 D. ADDRESS	10/22/10
		Kichand W. Mellicer M.D.	11 1 ' + A M	Ward Harm
	A GO O	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF GEMETERY OF CREMETERY OF		Zity, town, or county) (Stotel
	Section 1	Burial 10/25/70 Greater Bolts	a Lodge Belto	ma
	This certificat the body was shows: (1) An was D.O.A. at deceased pric	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	on 9610 Hosterston
	-+ N > O >	VS 150-REV. 1/1/68	Many I Decen	R

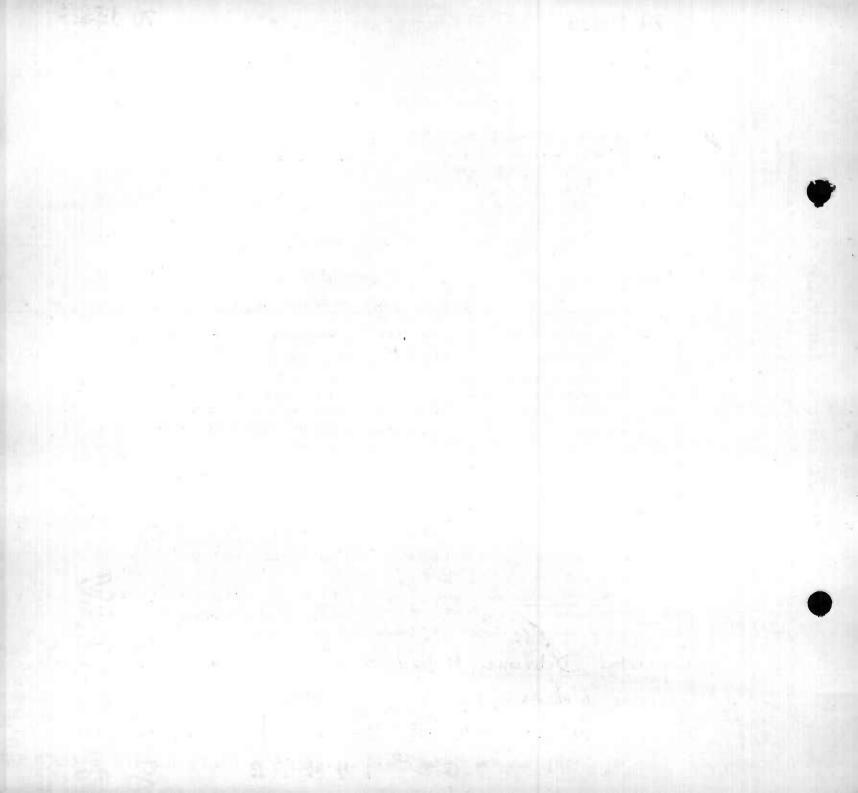


DALTIMORE	CITY	HEALTH	DEPAR	TMEN
-----------	------	--------	-------	------

70 1042	MED	DICAL	EXAMINER'S			OF DEA	TH REG. NO	70 1	19427	
I. NAME OF DECEASES (Type or Print)				2. DATE OF DEATH	Known Estimated	Manth	Day	Year	Hour	
4. PLACE IN BALTIMOR FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTI	ONOUNCED DEAD TUTION, GIVE STREET	3. DATE PRONOU	INCED DEA	10	Day 19	Year 70	7:05 p.	
46 Lu	theran Ho			A. STATE	Maryla		B. COUNTY	n: residence b	before admission) - 48	
	male colored WIDOWED DIVORCED				C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO					
1895	DATE OF BIRTH 1895 10. AGE (In years ff Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.				2311		nd Ave.	COSIXIV	me Ti	
Maryland	faretgn cauntry)	1	2. CITIZEN OF WHAT COUNTRY?	13. FATHER!				7		
14A.USUAL OCCUPATION dane during mast of warking	(Give kind of work ife, even (fretired)	14B. KIND	OF BUSINESS OR INDUSTRY			NAME Howar	·d			
16. WAS DECEASED EVE (Yes, no or unknown) (If yes,			17. SOCIAL SECURITY NO.	Carrie		rd 32	4 N. Bi	address ruce S	t.	
	ONDITION DIRE	ing, e.g.,	CAUSE OF DEA: (A)IMMEDIATE C	AUSE Acu		lonephri hypertro	tis comp	BETW	PROXIMATE INTERVAL TEN ONSET AND DEAT	
Injury or complication	ENT CAUSES	oth.)			pros	tate gla	_			
DISEASES OR COL	IDITIONS, IF ANY	, GIVING	(B)————————————————————————————————————	AS A CONSEQ	UENCE OF:					
OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR CO NO!	NOT RELATED TO	THE TERMIN	NG IAL							
20A. DATE OF OPER			OR WHICH OPERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes ar Na)	
22A. EXTERNAL CA UNDERLYING ☐ OR UTING ☐ CAUSE OF	CONTRIB-	22 ho	BB. PLACE OF INJURY(e.g., ame, form, factory, street, allice	tn ar about 22 bldg., etc.) IN	C. WHERE I	OID (If In Baltim	nare City, give ex	yes oct location)		
22D. TIME (Manth) OF INJURY (APPROX.)	(Day) (Year		22E.INJURY OCCURRED. WHILE AT WORK AT W	WHILE	F. HOW DI	INJURY OC	CUR?			
I certify tha	t I held an III n: Natural cay	ses A	the state of the s	ASS1S1	nicide HIEF MEDIC TANT MEDIC	Undetern TAL EXAMINER CAL EXAMINER			DATE SIGNED	
NAME (Type) 24A. BURIAL CREMATION REMOVAL (Specify)			12, M.D. De	puty Ch	iet Me	AL EXAMINER LICAL EX 24D. LOCATIO	aminer	10,	/20/70 (State)	
Burlai	10/22		Mt. Calve	V			yn, Mar	0		
25A. DATE REC'D BY HEA	1000		ME OF REGISTRAR		INERAL DIR	A. Ric		W. Ba	rre St.	
VS 151-REV. 1/1/68	1	1	, , , ,	7					,	



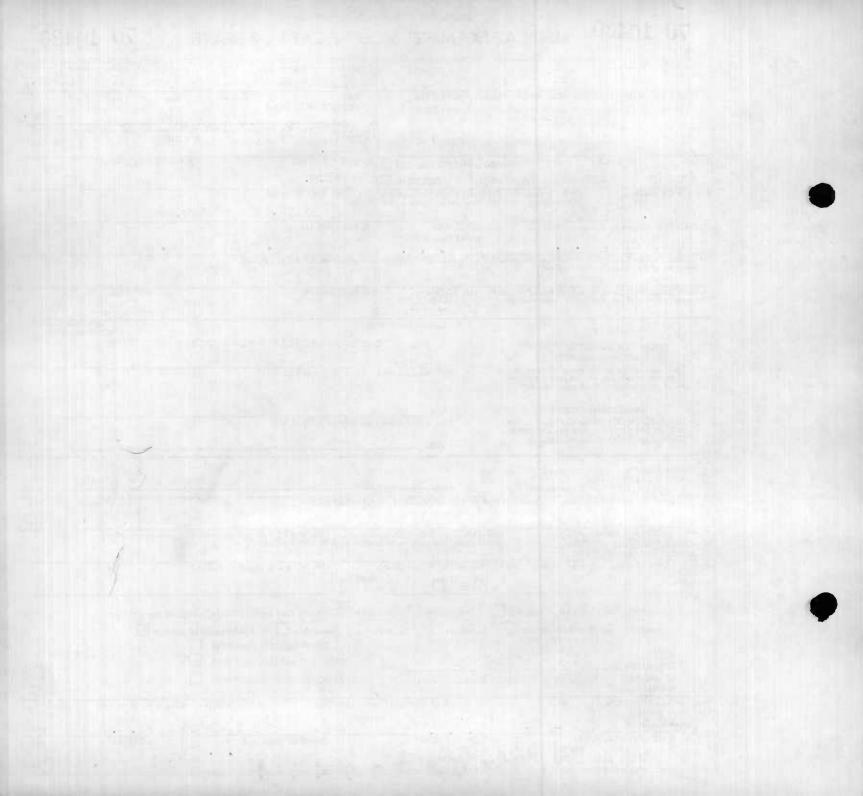
VS 150-REV. 1/1/68



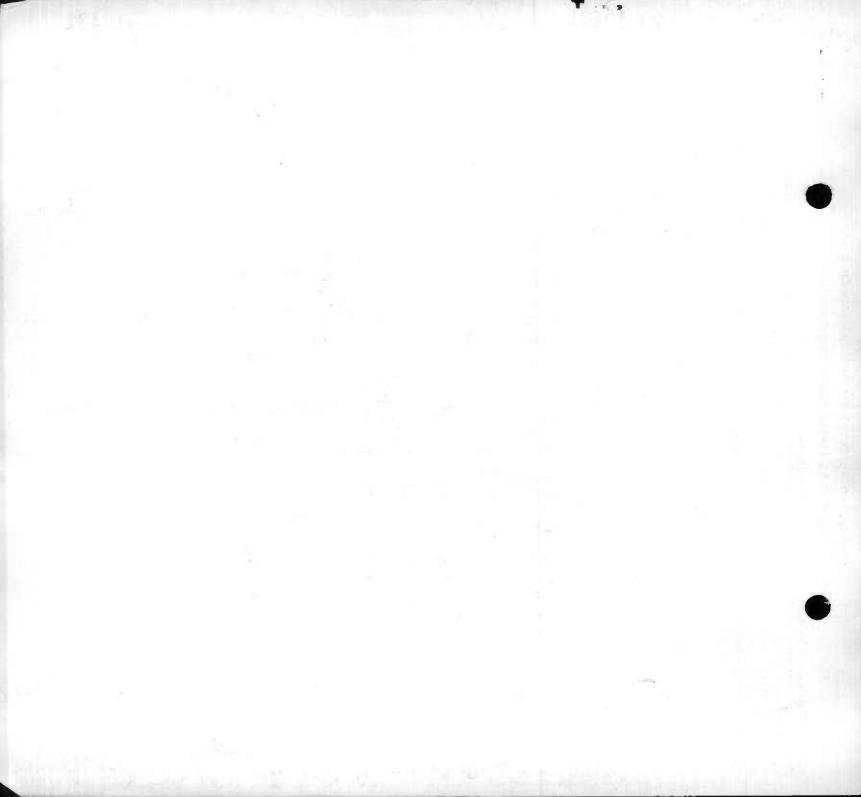
VS 150-REV. 1/1/68

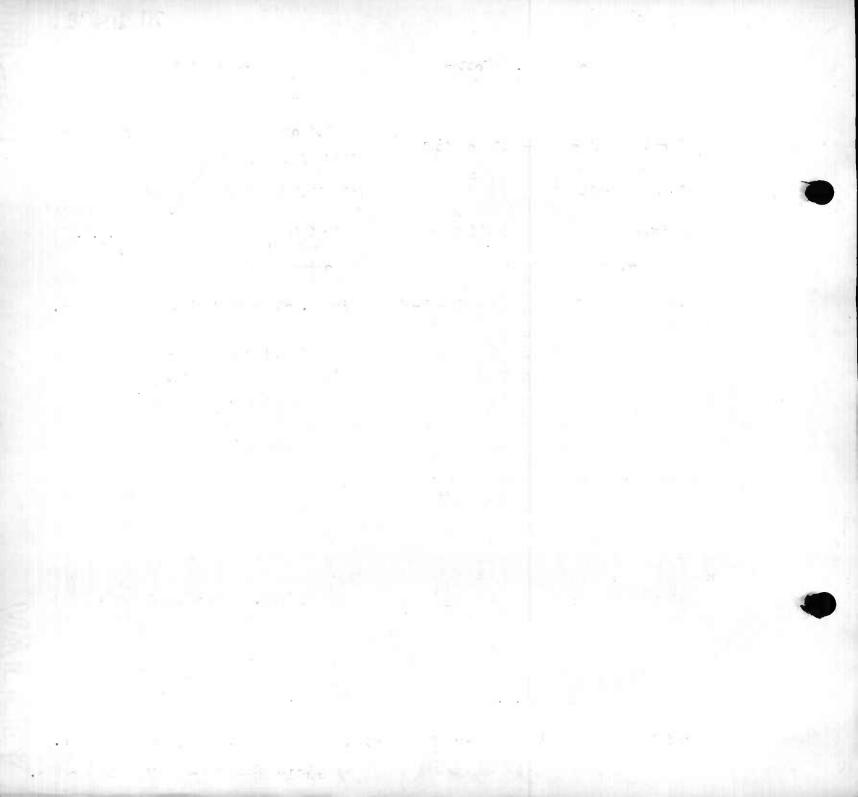


	70 10430 MEDICAL EXAMINER'S C					2. DATE Known A Manth Day Year Hnur				
(Tv	(Type or Print) Ruth Gordon 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					Estimated	10	24	70	1:35 a.
4.							Month	Day	Year	Haur
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					INCED DEAD	10	24	70	1:35 a
OF	Union Memorial Hospital				5. USUAL RE A. STATE Md.	SIDENCE (Where	deceased liv	ed. If institution B. COUNTY	n: residence be	lore admission
6.	C 1 . T. T			C. CITY OR	TOWN		D. INSIDE CI	ITY LIMITS?		
	female	Negro	WED DIVORCED	Balt	.0.		Y	ES N	0	
9.	Sept.	losi birthde	In yeors oy)	Months Days & Hours 1 Min.		ND NUMBER 2727N · Gui	lford A	ve.		
II.	BIRTHPLACE (S	itate or foreign country)		12. CITIZEN OF	13. FATHER'S	NAME				
	Wadesboro, N.C. WHAT COUNTRY?					rew F. C		sr.		
i4/	LUSUAL OCCUI	PATION (Give kind at work varking life, even if retired)	148. KIN	D OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NAM	WE			
1 V	urses !	Aid		None	Sal:	lie Robi	nson			
16. (Ye	WAS DECEASE	ED EVER IN U.S. ARME	D FORCE	5? IT. SOCIAL SECURITY NO	18. INFORM			Al	DDRESS	
		No		239-34-587	Ann	Garrett	27	727 Gui	ilford	Ave
	(This does no heart lailure, injury or com	at mean the made of di asthenia, etc. It means the aplication which caused de	ying, e.g., e disease, eath.)	(A)IMMEDIATE C DUE TO, OR A	AS A CONSEQU	JENCE OF:				
ATION	DISEASES OF RISE TO THE UNDERLYIN	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOYE CAUSE (A) STA IG CONDITION LAST.	iy, giving	(B)	AS A CONSEQU					
FICATION	DISEASES CRISE TO THE UNDERLYIN OTHER SIGNITO THE DEA	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA IG CONDITION LAST. II IFICANT CONDITIONS C ITH BUT NOT RELATED TO	Y, GIVING	(B) DUE TO, OR A D	AS A CONSEQU					
ERTIFI	OTHER SIGNI TO THE DEA	THE CONDITIONS OF ANY CONDITIONS OF ANY CONDITION LAST. IF LAND CONDITION LAST. IF IFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PRICE OF ANY OF	Y, GIVING ATING THE CONTRIBU OTHE TERM	(B) DUE TO, OR A D	AS A CONSEQU	UENCE OF:			21. AUTOP	5 Y ? (Yes or No
L CERTIFICATION	OTHER SIGNITO THE DEAD	THE CONDITIONS OF ANY CONDITIONS OF ANY CONDITION LAST. IF LAND CONDITION LAST. IF IFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PRICE OF ANY OF	Y, GIVING ATING THE CONTRIBU OTHE TERM	(B) DUE TO, OR A DUE TO, OR A COLUMN TING	AS A CONSEQU	UENCE OF:			21. AUTOPS	
EDICAL CERTIFI	OTHER SIGNITO THE DEAD ISEASE OR 20A. DATE OF UNDERLYING UTING CAU	NTECEDENT CAUSES OR CONDMONS, IF AN ABOVE CAUSE (A) STAIL CONDMONS CAUSE (A) STAIL CONDMONS CAUTH BUT NOT RELATED TO CONDMON GIVEN IN POPERATION 20B. CONDMON GOVERN CONTRIBLUSE OF DEATH.	Y, GIVING ATING THE CONTRIBU OTHE TERM	(B) DUE TO, OR A (B) DUE TO, OR A (C) TING AINAL FOR WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, form, factory, street, office	AS A CONSEQUAL AS A CONSEQUAL AS A CONSEQUAL AS PERFORME	UENCE OF:	l i in Baltimore	e City, give exa		5Y? (Yes or No yes
CAL CERTIFI	OTHER SIGNI TO THE DEA DISEASE OR OTHER SIGNI TO THE DEA DISEASE OR 20A. DATE OF 22A. EXTERN UNDERLYING UTING CAU 22D. TIME (APPROX.)	NTECEDENT CAUSES OR CONDMONS, IF AN ABOVE CAUSE (A) STAIL CONDMONS CAUSE (A) STAIL CONDMONS CAUTH BUT NOT RELATED TO CONDMON GIVEN IN POPERATION 20B. CONDMON GOVERN CONTRIBLUSE OF DEATH.	Y, GIVING ATING THE CONTRIBU ON THE TERM ART 1 (A) NOTION	(B) DUE TO, OR A (B) DUE TO, OR A (C) TING AINAL FOR WHICH OPERATION WA (228.PLACE OF INJURY (e.g., home, form, factory, street, office	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	UENCE OF:				
EDICAL CERTIFI	OTHER SIGNI TO THE DEA DISEASE OR OTHER SIGNI TO THE DEA DISEASE OR 20A. DATE OF 22A. EXTERN UNDERLYING UTING CAU 22D. TIME OF INJURY (APPROX.) 23.	NTECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) STA IG CONDITION LAST. IFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN POPERATION 20B. CONDITION 20B. CONDITION CONDITIONS CONDITION 20B. CONDITION 2	Inquiry [TING (C) TING WHICH OPERATION WA [228.PLACE OF INJURY (e.g., home, form, factory, street, office (r) 22E.INJURY OCCURRED. WHILE AT NOT AT W Inspection Australy	AS A CONSEQUENCE OF AS A C	UENCE OF:	IURY OCCU	IR?	ict location)	
EDICAL CERTIFI	OTHER SIGNI TO THE DEA DISEASE OR OTHER SIGNI TO THE DEA DISEASE OR 20A. DATE OF 22A. EXTERN UNDERLYING UTING CAU 22D. TIME OF INJURY (APPROX.) 23.	INTECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) STATE OF CONDITION LAST. IF IFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PERIOD TO CONDITION CONDITION CONDITION CONDITION CONTRIBUSE OF DEATH. Manth) (Day) (Year	Inquiry [TING (C) TING WHICH OPERATION WA [228.PLACE OF INJURY (e.g., home, form, factory, street, office (r) 22E.INJURY OCCURRED. WHILE AT NOT AT W Inspection Australy	AS A CONSEQUENCE OF AS PERFORME In or about 22 White 22 White 22 Hopsy 44 Hopsy 44 Hopsy 44 Hopsy 44	C. WHERE DID (IJURY OCCUR? F. HOW DID INJ	URY OCCU	R? death in my	opinion	
EDICAL CERTIFI	OTHER SIGNITO THE DEAD INSEASE OR SIGNITO THE DEAD INSEASE OR 20A. DATE OF UNDERLYING UTING CALL CAPPROX.) 23. i certification of the control of the control of the call of	NTECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) STA IG CONDITION LAST. IFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN POPERATION 20B. CONDITION 20B. CONDITION CONDITIONS CONDITION 20B. CONDITION 2	Inquiry [TING (C) TING WHICH OPERATION WA [228.PLACE OF INJURY (e.g., home, form, factory, street, office (r) 22E.INJURY OCCURRED. WHILE AT NOT AT W Inspection Australy	AS A CONSEQUENCE OF AS PERFORME In or about 22 White 22 White 22 Hopsy 12 CI	C. WHERE DID (IJURY OCCUR? F. HOW DID INJ and that on the control of the contro	ils basis, a Judetermin	death in my ded manner	opinion	yes
EDICAL CERTIFI	OTHER SIGNATU ACTUAL SIGNATU	ITECEDENT CAUSES OR CONDITIONS, IF AN ABOYE CAUSE (A) STA IG CONDITION LAST. II IFICANT CONDITIONS CAUTH BUT NOT RELATED TO CONDITION GIVEN IN POPERATION 20B. CONDITION CONDITION GOVERN IN POPERATION 20B. CONDITION GOVERN IN POPERATION 20B. CONDITION 20B. CONDITION GOVERN IN POPERATION 20B. CONDITION (Year CONTRIBUSE OF DEATH. Manth) (Day) (Year Contributed In the Cont	TONTRIBU CONTRIBU CON	TING (C) TING WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, form, factory, street, office with the company of the	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	C. WHERE DID (JURY OCCUR? F. HOW DID INJ and that on the control of the control	is basis, of Judetermin XAMINER	R? death in my	opinion	yes
EDICAL CERTIFI	OTHER SIGNITO THE DEAD DISEASE OR RISE TO THE UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR RISEASE O	NTECEDENT CAUSES OR CONDMIONS, IF AN ABOYE CAUSE (A) STA IG CONDMIONS CAUSE (A) STA IG CONDMIONS CAUSE (A) STA IG CONDMIONS CAUSE (A) STA IG CONDMION GIVEN IN POPERATION 20B. CONDMION 20B. CONDMION 20B. CONDMION 20B. CONDMINE USE OF DEATH. Manth) (Day) (Year I held an Idea of from: Natural cause IF STATION CAUSE IS IN ITEMATER IN ITEMA	TONTRIBU CONTRIBU CON	TING (C) TING (INCL) TING TING (INCL) TING T	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	C. WHERE DID (IJURY OCCUR? F. HOW DID INJ and that on the control of the contro	is basis, of Judetermin XAMINER	death in my ded manner	opinion	yes
MEDICAL CERTIFI	DISEASES CRISE TO THE UNDERLYING OTHER SIGNITO THE DEAD DISEASE OR. 20A. DATE OF 22A. EXTERN UNDERLYING UTING CAU 22D. TIME (OF INJURY (APPROX.) 23. I certification of the company	IFICANT CAUSE (A) STA ABOVE CAUSE (A) STA IG CONDITION LAST. IFICANT CONDITIONS C ITH BUT NOT RELATED TO CONDITION GIVEN IN P OPERATION 20B. CO NAL CAUSE WAS AGONOTIFIE USE OF DEATH. Manth) (Day) (Yea Ify that I held an If ed from: Natural cau in the condition of the condit	TONTRIBU CONTRIBU CON	TING (C) TING ANAL FOR WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, form, factory, street, office TO WHILE AT NOT AT W Inspection Aut Accident Suicid Accident Suicid Alakis, M.D.	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	C. WHERE DID (JURY OCCUR? F. HOW DID INJ and that on the control of the control	Juny OCCU Judetermin XAMINER XAMINER	death in my ed manner [opinion D	yes ATE SIGNED 10/24/70
MEDICAL CERTIFI	DISEASES CRISE TO THE UNDERLYING OTHER SIGNITO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UTING CALL CAPPROX.) 23. I certi result. SIGNATU EXAMINE NAME (Ty A. BURIAL CREM MOVAL (Specific common control of the contr	NTECEDENT CAUSES OR CONDITIONS, IF AN EABOVE CAUSE (A) STA IG CONDITION LAST. II IFICANT CONDITIONS CONTINUES CONDITION GIVEN IN PERSONNEL CAUSE WAS POPERATION 20B. CONTINUES CONDITION (Year Condition of the last of the l	ONTRIBU ONTRIB ONTRIBU ONTRIBU ONTRIBU ONTRIBU ONTRIBU ONTRIBU ONTRIBU ONTRIBU	(B) DUE TO, OR A (B) DUE TO, OR A (C) TING AINAL POR WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, form, factory, street, office (C) 228. INJURY OCCURRED WHILE AT NOT AT W Inspection Aut Accident Suicid Accident	AS A CONSEQUENCE OF CREMATOR A TION	C. WHERE DID (JURY OCCUR? F. HOW DID INJ and that on the one of the occupant occ	ils basis, of Judetermin XAMINER XAMINER XAMINER	death in my and manner (City, town,	opinion D or county)	yes
MEDICAL CERTIFI	OTHER SIGNI TO THE DEA DISEASE OR RISE TO THE UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR 20A. DATE OF 22A. EXTERN UNDERLYING UTING CAL 22D. TIME OF INJURY (APPROX.) 23. I certl result SIGNATU EXAMINE NAME (T) A. BURIAL CREM MOVAL (Specify Burial	IFICANT CAUSE (A) STA ABOVE CAUSE (A) STA IG CONDITION LAST. IFICANT CONDITIONS C ITH BUT NOT RELATED TO CONDITION GIVEN IN P OPERATION 20B. CO NAL CAUSE WAS AGONOTIFIE USE OF DEATH. Manth) (Day) (Yea Ify that I held an If ed from: Natural cau in the condition of the condit	CONTRIBUCION (Houses Miha	(B) DUE TO, OR A (B) DUE TO, OR A (C) TING AINAL POR WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, form, factory, street, office (C) 228. INJURY OCCURRED WHILE AT NOT AT W Inspection Aut Accident Suicid Accident	AS A CONSEQUENCE OF CREMATOR A CONSEQUENCE OF CONSEQUENCE OF CREMATOR A CONSEQUENCE OF CREMATOR A CONSEQUENCE OF CREMATOR A CONSEQUENCE OF	C. WHERE DID (JURY OCCUR? F. HOW DID INJ and that on the one of the occupant occ	Juny OCCU July Basis, of Juny Basis	death in my ed manner	opinion D or county)	yes ATE SIGNEL L0/24/7



57-81-14	40S /11 11!40L	TE OF DEATH X REG. NO. 70 10431				
and eath ased the Such	NAME OF DECEASED	TE OF BEATT				
- 0 0 C .	(Type or Print) MOSS, SEORSE	10-21-70 5 30AM				
of O De	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY				
nos nuse of dan dan	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Anne Arundel 50. Sa-000 C. CITY OR TOWN D. INSIDE CITY LIMITS?				
rause rause atten	BAltinore City Hospitals 21224 4940 Eastern Avenue Baltimore, Maryland	6 EM BURNIE YES NO				
de de co	4940 Eastern Avenue Baltimore, Maryland	9 Crain Highway 21061				
ntrib rmin rmin egul ased s ma	Male White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (in years last birthday) 1-2-24 9. AGE (in years Months: Doys Haurs Min.				
or co indete s in r dece	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dang during most of working life, even if refired)	11. BIRTHPLACE (Stote or foreign country) Balto. Co. 21. S.Q.				
direct; (4) U h wan h the	13. FATHER'S NAME Hogg	Helen M. Smith				
kind deat deat ce o	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of sorvice) UNKNOWN 16. SOCIAL SECURITY NO. 263-14-201	17. INFORMANT 4940 Eastern Avenderss BCH: Records Baltimore, Maryland 21224				
if i	18. CAUSE OF DEATH	APPROXIMATE INTERVAL				
Also, re of announce atter	(This does not mean the mode of dying, e.g.) (A) IMMEDIATE CAU	In fuelue + Condear and BETWEEN ONSET AND DEATH SE A CONSEQUENCE OF:				
fractu o pro gular emba	injury or complication which caused death.) ANTECEDENT CAUSES	20 body burns 8 days.				
(3) A an wh in re	DISEASES OR CONDITIONS, il any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF:				
medical r burns; physicis an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED	TES				
by a 2) Body re the physic ore th	KES DIKA TORY + A TURE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes				
ho No	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off	ice bldg., IFF 25 Pulaske Hung 3-00				
hosp natur ept w d (6)	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED (Month) (APPROX.) 10-14-70 A.M. Work	21F. HOW DID INJURY OCCUR?				
the any (ex obt	22. I certify that (I) (this hospital) attended the deceased from	10-16-70 19 to 10-21 19-70				
\$ 5 E & B	and have and from the causes stated above. (1) (We) (did) (did nat) vi	19.20 and that in(my) (aur) opinion death accurred an the date				
3 do da	23A. SIGNATURE	23 B, DATE SIGNED				
acci acci bro	DEGREE Phys.					
was A. at prio	FRANCISCO 1. NEGRI M.D.	BAHINDRE City HOSpitals 21224				
body ws: (1) b D.O.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY	MATORY 24D. LOCATION (City, lown, of county) (State)				
the body shows: (I) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR OCT 26 1970 UABLE & SAME OF REGISTRAR	2SC. FUNERAL DIRECTOR TADDRESS Law Rd				
	V\$ 150-REV. 1/1/6B	Harrahm Simeral Home, Rollo Md. 21236				





NO

ADDRESS

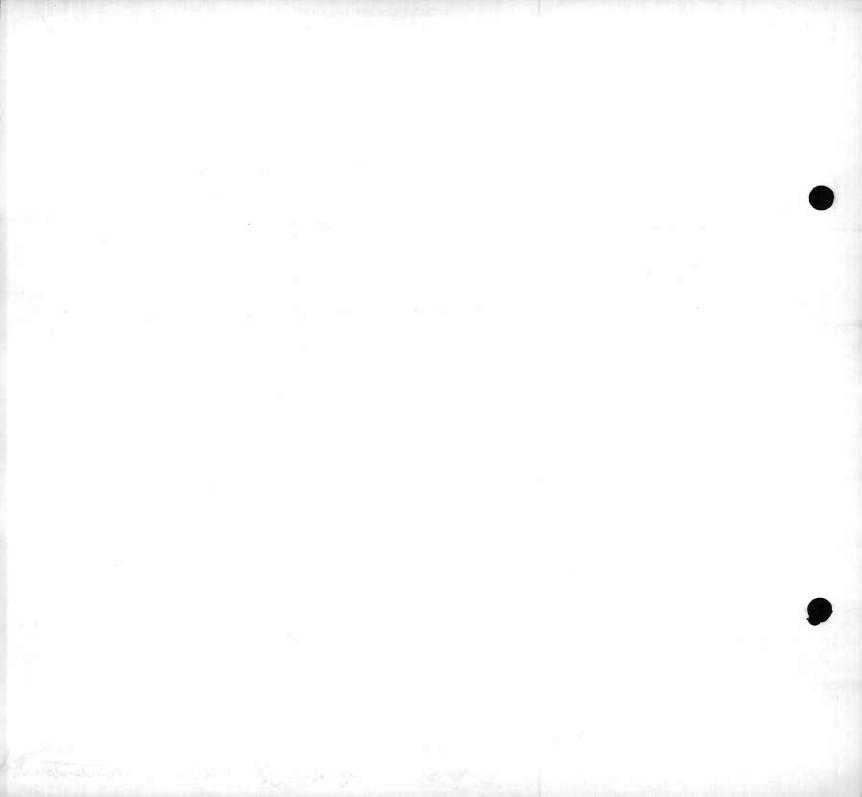
or county

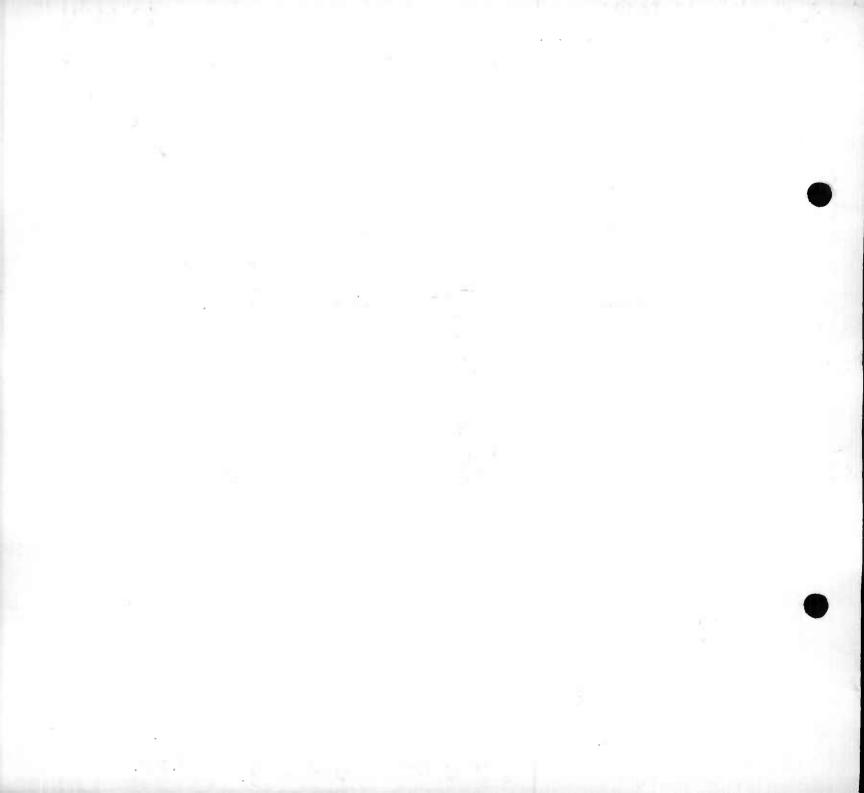
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Il Under 24 Hrs.

IMPORTAN DIRECTOR: FUNERAL

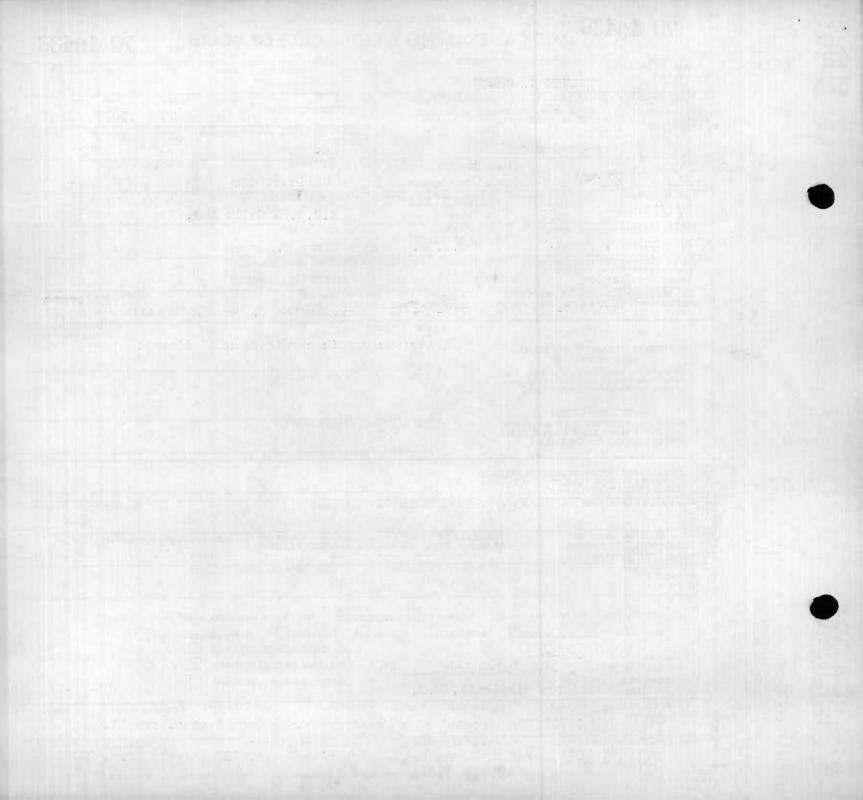
VS 150-REV. 171/68







	10436	MED	ICAL	. E)	CAMINER'S			OF	DEAT	H sec N	70	1043	6
BIRTH NO.	CEASED					2. DATE	Known		Manth				
(Type or Print)	_	ELVIN E	E. GR	EEN		OF	Estimote		Manin	Doy	Year	Hour	
4. PLACE IN BA						3. DATE	Laminote		Month	Day	Yeor	Hour	M
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA SS OR LOCA	LOR INST	TITUTIC	ON, GIVE STREET		NUNCED DEA		10	20	1970		LN
	St. Agne	es Hosp				A. STATE	1.	(vinere		B. COUNTY		3	ission
6. SEX	7. RACE		8. MARR	IED 3	NEVER MARRIED	C. CITY O	RTOWN			D. INSIDE	CITY LIMITS?		
male	white		WIDOW				Ellicot		ity		YES 🗌	No X	
8/3/13	TH	10. AGE (In lost birthdo	yeors y)	If Un Monli	der 1 Yr. ii Under 24 Hrs. hs Days Hours Min.		F.D. 3		lla Av	e.			
II. BIRTHPLACE	State or foreig	n country)			ITIZEN OF	13. FATHE							
Chambers	burg, Pe	enna.		W	HAT COUNTRY?	H	erry S.	Gre	en				
4A.USUAL OCC	JPATION (Give	kind of work	48. KIND	OF B	SUSINESS OR INDUSTR								
Loom Me	working lite, eve echanic	en it reffred)	Woo!	len	Mil1	Ca	rrie G	oodn	uth				
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	?	I7. SOCIAL	18. INFOR	MANT				ADDRESSE	Tlicot	t Ci
Yes, no or unknown	5/167	42-2/	15/46		17. SOCIAL SECURITY NO. 218-05-7770	Mrs.	Louise	P.	Green				
19. 4	14.				CAUSE OF DEA						I A	PPROXIMATE I	NIERVAL
OTHER SIGN	NIFICANT CON	II IDITIONS CO	ONTRIBUT	ING	(c)	AS A CONSI	QUENCE OF	:					
20A. DATE O	F OPERATION				WHICH OPERATION W	AS PERFOR!	AED				21. AUTO	PSY? (Yes	or No)
5 2											21. 7010	yes	,
UNDERLYING	NAL CAUSE V	TRIB-		22B. Pl	LACE OF INJURY(e.g., farm, factory, street, office	in ar obout bldg., etc.)	22C. WHERE	DID (II	in Baltimor	re City, give e	xact location)	~	
22D. TIME OF INJURY (APPROX.)	(Month) (De	ay) (Yeor			E.INJURY OCCURRED	WHILE	22F. HOW D	ILNI OI	URY OCCI	JR?			
	tify that I he		nquiry []	Inspection Au					death in m			
resu	ted from: No	afura Caus	ses X	Ac	cldent Suicld		omicide L			ned manner			
ACTUAL		1	7/	1	10.		CHIEF MEDI			=		DATE SIG	NED
SIGNAT	URE /	////	aha		M,D	•	STANT MEDI				1.0		
NAME (** **		Mina		is, M.D.)-21-7(,
24A. BURIAL CRE REMOVAL (Spec Buria	ify)	10/24/	70		NAME of CEMETERY				S tmins		rroll,		ite)
25A, DATE REC'D	BY HEALTH D	· · · · · · · · · · · · · · · · · · ·			of REGISTRAR		ing By	IRECTO	R		ADDRESS		
VS 151-REV. 1/1/6	8		9 7	-	9 0 1 n	0 1	77 7	1					

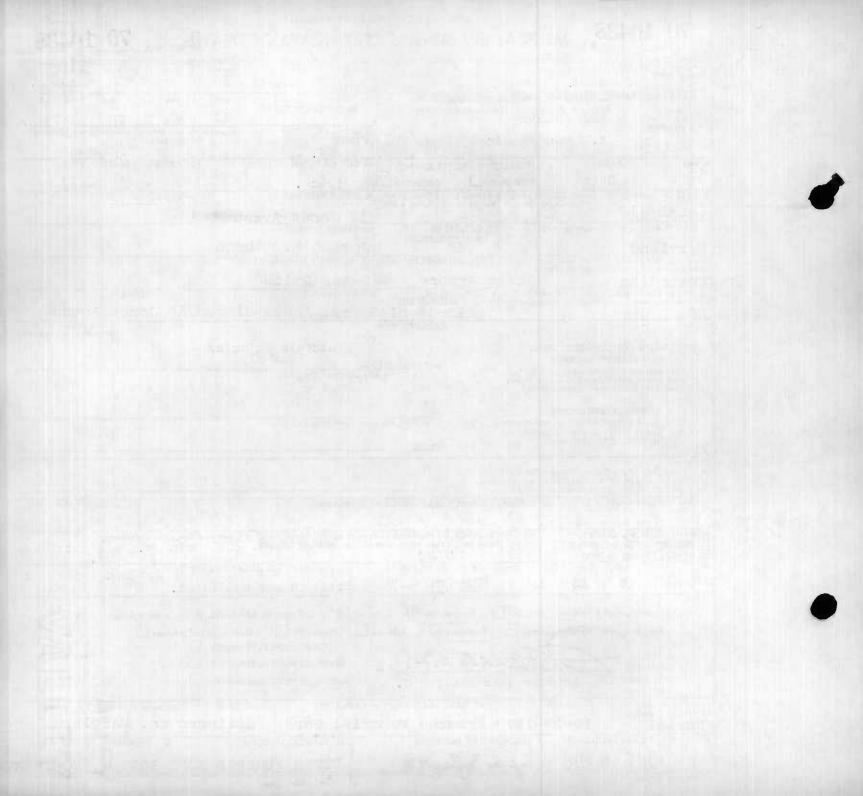


814 F 33rd St.

3 -

2 1 2 5 BIRTH N. 1. NAM

70 1	1438				BALTIMORE CITY HE				X	les o	
BIRTH NO.	3- X (1(Q),	MED	ICAL	. EX	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	70	10438
I. NAME OF DE	CEASED					2. DATE	Known 🗗	Month	Doy	Year	Hour
(Type or Print)	James	H. Gib	son			OF DEATH	Estimated	10	24	70	2:30 a. _{M.}
4. PLACE IN BA	LTIMORE, MA	RYLAND, Y	VHERE PE	RONO	UNCED DEAD	3. DATE		Month	Day	Year	Haur M.
FULL NAME OF	(IF NO	T IN HOSPIT	AL OR INS	TITUTIO	N, GIVE STREET	PRONOL	NCED DEAD	10	24	70	2:30 ам.
OR INSTITUTION						5. USUAL RE	SIDENCE (Where		ved. If Institutio	n: residence l	before odmission)
40	DL.	Agnes	ноѕрі	Ltai		A. STATE			B. COUNTY	2 3	53-00
S. SEX	7. RACE		8. MARR	IED [NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
male	Negr		WIDOW	VED [DIVORCED [Ba1			Y	ES X	NO 🗆
DATE OF BIRT	Н	10. AGE (In		If Und	ler 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER				
10-2-19		24				18 Jo	nes Aver	iue	25		
1. BIRTHPLACE (in country)			TIZEN OF	13. FATHER					
Marylan	d	1. 1. 2		-1	HAT COUNTRY? JSA	Josep	h L. Gib	son			
one during most of v	working life, ev	e kind of work en if retired)			USINESS OR INDUSTRY			AE .			
Custodi A. WAS DECEAS		II C ABALP	Stat	e A	rmory		Smith				
es, no or unknown	(If yes, give v	var or dates	of service	3	7. SOCIAL SECURITY NO.	18. INFORM				DDRESS	
19.					218-44-014		Agnes G	ibso	n 18 Jo		Avenue
F 8	121				CAUSE OF DEAT	IH.				SETW	PROXIMATE INTERVAL ZEN ONSET AND DEATH
	E OR COND		CTLY			Mu1	tiple inj	uries			
	LEADING TO		log e.g		(A)IMMEDIATE C						
heart loilure	nat meon the c, asthenia, etc. mplication which	It means the	disease,		DUE IO, OR A	S A CONSEQU	JENCE OF:				
			,								
	NTECEDENT		CRANC		(B)	AS A CONSEC	UENICE OF				
RISE TO THE	OR CONDITION OF CAR	USE (A) STA	ING THE		DOL 10, 0X 1	A COMSEG	UENCE OF				
S		ON LASI.			(c)						
OTHER SIGN	HEICANT CON	II	NTDIRLIT	ING							
TO THE DEA	ATH BUT NOT	RELATED TO	THE TERMI	INAL							
					HICH OPERATION WA	S PERFORMI	D			IZI. AUTO	PSY? (Yes or No)
										n	
	NAL CAUSE			22B. PL	ACE OF INJURY(e.g., larm, factory, street, office	n or obout 22	C. WHERE DID (f in Balitmon	e City, give ex	ect location)	62.00
UNDERLYING CA				home, l	STREET	bldg., etc.) IN	JURY OCCUR? ,	8590	Main St	بللناوه	icott City
22D. TIME		oy) (Year) (Hour) 225	INJURY OCCURRED	5) 22	F. HOW DID INJ	URY OCCL	IR? C.	Md	•
OF INJURY (APPROX.)	10	24 7	0 ?	WH	ILE AT NOT	WHILE STATE	in car	collie	ion	bject	passenger
23.							zii car (201113	LOIL.		
1 cert	Ify that I he	eld on li	nquiry [] 1	Inspection XX Aut	opsy 🗌	and that on th	is basis,	death in my	opinion	
result	ted from: N	atural cau	ses 🗌	Acc	ident Suicide	Hor			ed manner	-	
	(->					HIEF MEDICAL E				
SIGNATI	IRE	11	min	tai	ahor "	ASSIS	ANT MEDICAL E	CAMINER	XX		DATE SIGNED
EXAMIN		Tsido	re Mil	hala	akis, M.D.		LATE MEDICAL EX				10/24/70
NAME (T											
4A. BURIAL CREA	(y)	48. DATE			NAME of CEMETERY			OCATION		, or county)	
Burial	1		1970	Aı	butus Memo	orial :	Park Ba	ltimo	ore Co.	. Mary	land
SA. DATE REC'D	BY HEALTH D	DEPT.	258. N	AME O	F REGISTRAR	25C. FI	INERAL DIRECTO	R	A	DDRESS	
00	T 26 K	370 R	Bert &	2.3	Recode B	NUT	PER FINE	PAT.	IOME 30	135 TAT	NORTH A
S 151-REV. 3/1/68	N			?		()	TOTAL	TOTAL I	1011E 31	JJJ W	NORTH A



	0439		BALTIMORE CITY		PEG NO	70 10439
BIRTH NO.			CERTIFICA	TE OF DEATH		
(Type or Print)		m. H	10	2. DATE A	ND HOUR OF DEATH	5300
	TIMORE MARYLAND! W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Wh	ere deceosed lived. If ins	stitution: residence before admissio
FILL NAME OF	#E NOT IN DOCUIT	AL OR INICIAL	IRON CIVE STREET	A. STATE .B. COU		27-17
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	TON, GIVE STREET	Md . C. CITY OR TOWN	Baltimore D. INSIE	DE CITY LIMITS?
	. Sinai Hosp.	•		Balto.		YES NO 🗌
Há	7			E. STREET AND NUMBER	142	
. SEX	6. RACE	7. MADDIED	NEVER MARRIED	5314 Maple A	9. AGE (In years	If Under 1 Yr If Under 24 H
Male	White	WIDOWED		May 26, 1898	last birthday) 72	Months Doys Hours Min.
OA, USUAL OCCU				11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNT
Cabinet 1		Glen L	. Martin	Hungary		U.S.A.
3. FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME	
Mathias 1	Remesch, Sr.			Marie Eva Pfei	ffer	
5. Wos Deceosed	Ever in U. S. Armed For	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			215-03-8662	Sadie Memesch	5314 Maple	Ave. Balto. Md.
18.24	6/1	10000	CAUSE OF DEAT	н	1 -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	E OR CONDITION DI	RECTLY		Chummia	lorning	Indus
The section of the se	at meon the made of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	1	10007
heart failure,	asthenia, etc. II means	the diseose,	DUE 10, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES					
	R CONDITIONS, if		(B)	A CONSEQUENCE OF:		
rise to the	abave cause (A)		502 10, 011 10	TO CONTEGED INC.		
UNDERLYING	CONDITION lost.		(c)			<i>h</i>
Z OTHER SIGNIE	II ICANT CONDITIONS CO	NTRIBUTING	Possil	mascular 7	Kenton, i k	Eminares Zy
TO THE DEATH	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	Lerus	141000000 - 11	-017.079 (/	
U 19A. DATE OF	OPERATION 198. CON	IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or h	No) 20B. IF YES, WERE F	INDINGS CONSIDERED
U 21A. ACCIDEN	T WAS UNDERLYING	7 218	PLACE OF INHIBY (o. c.	n or obout 21C. WHERE DID	//f la Paltimate	D.
OR CONTRIBU	ITING CAUSE OF	hom	e, form, factory, street, o	See blde INITIAL OCCUPS	(It in politimore	Cu i ii ii i
	mandinal augment			mce blog., INJORI OCCOR:		City, give exoct locotion)
U	medical examiner	etc.)		THE RESIDENCE	LUIRY OCCUR?	City, give exoct locotion)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.		21F. HOW DID IN	JURY OCCUR?	City, give exoct location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E, Whi	INJURY OCCURRED le At Not While At Work	21F. HOW DID IN	10	City, give exoct location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) that (1) (this haspital	(Hour) 21 E. Whi Wor	INJURY OCCURRED le At Not While At Work ne deceased from	21F. HOW DID IN	_19to	121/70 19
21D. TIME OF INJURY (APPROX.) 22. I certify	(Month) (Doy) (Year)	(Hour) 21 E. Whi Wor	INJURY OCCURRED le At Not While At Work ne deceased from	21F. HOW DID IN	_19to	121/70 19
Z1D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	(Month) (Doy) (Year) that (1) (this haspital last saw the decease	(Hour) 21 E, Whi Wor I) attended the	INJURY OCCURRED le At Not While At Work At Work ne deceased from	21F. HOW DID IN	_19ta/0/	19
Z1D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	(Month) (Doy) (Year) that (1) (this haspital last saw the decease	(Hour) 21 E, Whi Wor I) attended the	INJURY OCCURRED le At Not While At Work ne deceased from (0//) (We) (did) (did nat)	21F. HOW DID IN	_19ta/0/	121/70 19
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	that (1) (this haspital last saw the decease from the causes start	(Hour) 21 E, Whi Wor I) attended the	INJURY OCCURRED le At Not While At Work ne deceased from (0//) (We) (did) (did nat)	21F. HOW DID IN 9/20/70 19. 70 and to riew the bady after death online Director	_19ta/0/	19
21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	that (1) (this haspital last saw the decease from the causes start	(Hour) 21 E, Whi Wor I) attended the	INJURY OCCURRED le At Not Whith At Work ne deceased from	21F. HOW DID IN 9/20/70 19 70 and to view the bady after death	_19ta/0/	19
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	that (1) (this haspital last saw the decease from the causes start of the same	(Hour) 21E, Whi Word 1) attended the ed alive an technology (I	INJURY OCCURRED le AI Not While At Work the deceased from 10/15 (We) (did) (did nat) O Attended to the physical decease of	21F. HOW DID IN 9/20/70 19. 70 and of the death riew the bady after death s. Med. Director 23D. ADDRESS A JULY HERE	that in (my) (aur) apir Shaff Shaff Center	13/70 19 19 19 19 19 19 19 19 19 19 19 19 19
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	that (1) (this haspital last saw the decease from the causes start of the same	(Hour) 21E, Whi Word 1) attended the ed alive an technology (I	INJURY OCCURRED At Work Not While At Work At Work Not While A	21F. HOW DID IN 9/20/70 19. 7 and to see the body after death production and the body after death production are seen as a see that the body after death production are seen a	that in (my) (aur) apir Shaff S Physical LOCATION (Cit	23B. DATE SIGNED 10/22/70 WAI Haspillary, town, or county full (s) (c)
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T) 24A. BURIAL CREA REMOVAL (S)	that (1) (this haspital last saw the decease from the causes start of the same	(Hour) 21E. Whi wor I) attended the dalive an technology. (I	INJURY OCCURRED le At Not Whith At Work ne deceased fram (0/1) (We) (did) (did nat) GEGREE Attemption DEGREE ME of CEMETERY or CR	21F. HOW DID IN 9/20/70 19. 7 and to see the body after death production and the body after death production are seen as a see that the body after death production are seen a	that in (my) (aur) apir Shaff S Physical LOCATION (Cit	23B. DATE SIGNED 10/22/70 WAI Haspilal y, town, or county fall (Sbley)
21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	that (1) (this haspital last saw the decease from the causes start of the course start	(Hour) 21E. Whi wor I) attended the dalive an technology. (I	INJURY OCCURRED le At Not Whith At Work ne deceased from	21F. HOW DID IN 22F. H	Shoff Serburg, Carbon C	23B. DATE SIGNED 10/22/70 WAI Haspilal y, town, or county fall (Sbley)

· PAR TO BUT TO SEE ablast date and a state of attle denotes and the The artist . wall might became this lender into the time. AND RECORD PRODUCTION OF THE PART OF THE P the property with through executed a contract of the second state of

The reservoir rock

of final state

AN EXAMPLE AND THE STATE

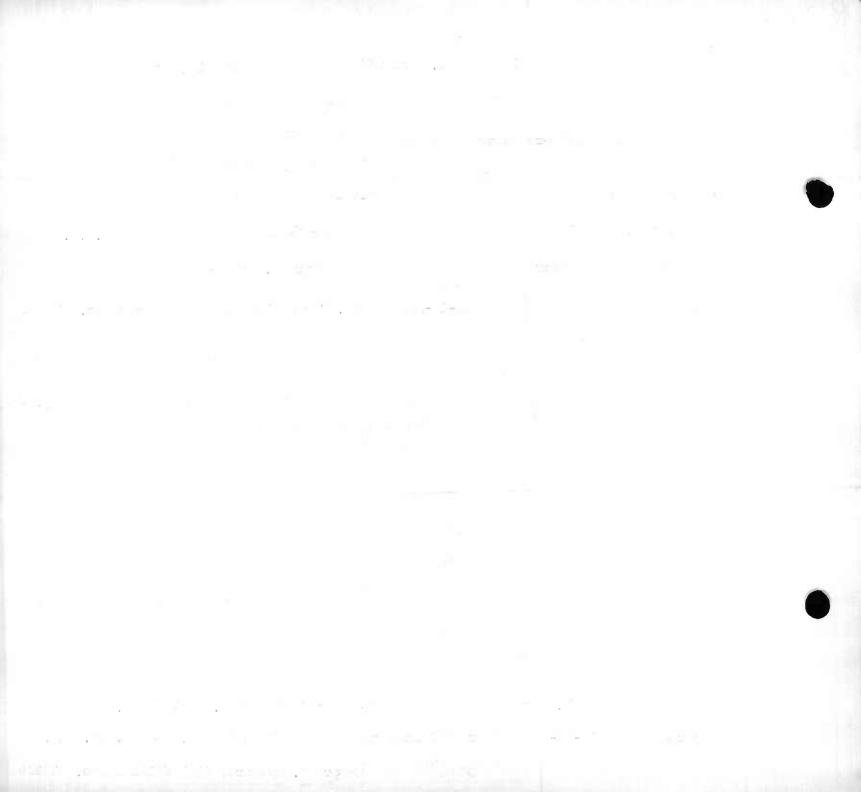
AN EXAMPLE AND THE STATE

ISSUED AND APPROXIMATE

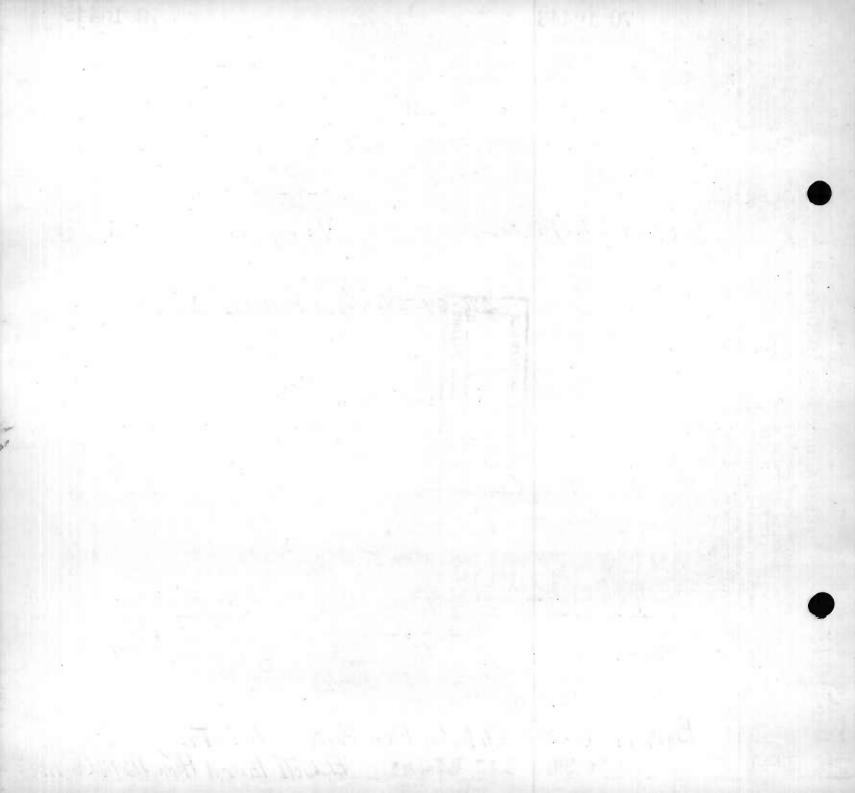
LEADING A

VS 150-REV. 174/68

The state of the state of



P	115	70 10443 BALTIMORE CITY HEALTH DEPARTMENT CEDTIFICATE OF DEATH REG. NO. 70 10443
3(1-	730.	70 10443 CERTIFICATE OF DEATH REG. NO. 70 10443
3,	hed the	BIRTH NO.
13	ar das das	(Type or Pint)
A H	- O C C	
0	T o D o T	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
2	os Se la	HOSPITAL OR ADDRESS OF LOCATION GIVE STREET MARYKAND BALTIMORE CITY
300	da da	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
3 4	Seg	BALTIMORE YES XX NO T
9 m	in age	THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER 2607 MURA STREET 8-33
23	ting d cau r att prior e.	2607 MURA STREET 8-33
(+	ad ad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	tri tri ge m	MALE HEGRO WIDOWED DIVORCED 12-17-99 lost birthdoy) Months Doys Hours Min.
	re re ris	
	in con con con con con con con con con co	done during most of working life, eyan if retired)
	or or or diricities	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if religed) Refired See Worker Virgina U.S.A.
X	D a C C	13. FATHER'S NAME
2	if d rect (4) U wa the ispos	SUSAN LAMBERT RICHARD PULLIAM
a Z	4 4 4 6 5	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
MED	sto in e e e	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
~	Ssi The A	NO 216-09-5363 Kear Pulliam. 2607 Marg ST.
出の	if i	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 4	his for d	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANIMMEDIATE CAUSE ANIMMEDIATE CAUSE
≤ يا	Als	LEADING TO DEATH
0	2 . 20 . 2	(This does not meon the made af heort failure, asthenio, etc. It means to disease) A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
S	Print du	injury ar camplication which caused (e.g.)
_ 5	fring o o o o	
LAK	P P P P P P P P P P P P P P P P P P P	DISEASES OR CONDITIONS, if any 3 gi me DUE TO, OR AS A CONSEQUENCE OF:
A A	3 (9 E	
HA DIR	ical icial icial as	
Ξ Ξ	icc in sicc sicc sicc sicc sicc sicc sic	OTHER SIGNIFICANT CONDITIONS CONTROLLING
~ 4	hy hy	
OR OR	F > G in a	U 19A. DATE OF OPERATION 19B. CONDINGN-FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
⊢ 7	hie book	19A. DATE OF OPERATION 19B. CONDINGS FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
8 5	by control	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bollimore City, give exect location)
0	efe care	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
>	P. T. O. T. O.	
00	d b Dsp turt turt (6)	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	he he d ((APPROX.) While At Work At Work
4	he he by	22. I certify that (I) (this hospital) attended the deceosed fram 10.23. (2) 1970 to 10.23 1970,
O	app for t far far (e) (e)	that (1) (wa) lost saw the deceased alive on (0.23 19.70 and that in (my) (sur) opinion death occurred on the date
	0 8 7 7	
	ust be a cased to dent of ospital death) must be	and haur and from the cases stated above. (1) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE 23B. DATE SIGNED
Z —	must eleas rcide hos to de	America — Ned — Cut M
ZIL	a + 1 Ci.e. a	DEGREE Phys. Director Phys. Q
NOO	s r s r ov	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
(/)	ificate was 1) An of d prio	1J. SYLVESTER DEGREE THE JOHNS HOPKINS HOSPITAL
NER	S A P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county), (Stote)
SZ	ws: (ease	Barial 10-28-78 arbutus Mem. Park Habytus Mr.
MΣ	s ceces	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR) ADDRESS ()
RELEAS EXAMIN	This certificate methe body was relations: (1) An accewas D.O.A. at a leceased prior to written approval	OCT 26 1970 Palis E. Jake N. 256, FUNERAL DIRECTOR ADDRESS ADDRESS E. Jake N. Carolinet -
20	4707	VS 150-REV, 1/1/68
		V3 130"REV: 1/ 1/ 00 ,



K,	6.10	BIRTH NO. 10444 PARTIE CERTIFICATE OF DEATH REG. NO. 70 10444
	deat deat ease on th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	hospita ise of (5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before od pission) A. STATE B. COUNTY
	a ho cause ise; (5 enda to d	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN BALTIMOR D. INSIDE CITY LIMITS?
1	ting d cau d cau r att prior	Eutheran Hosp. of Maryland E. STREET AND NUMBER Paskin Place
	ntribu rmine egula ased	S. SEX ALE 6. RACE 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lift under 1 Yr., if under 24 His.) Months! Days : Hours in Min.
	r con deter in re- lecea	10A, USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	if decret of was the decret of was	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ANT	e dire ind; (4 eath e on a	DONNIEL KARPMAN IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 17. INFORMANT ADDRESS
ORT	assis if th if th y ki d d	MRS. FRANCES GERSH, 3629 PASKIN PLACE #21207 B. /
IMP	Also, s of ar ounce ittend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
OR:	ner o acture pron plar o nbair	head foilure, asthenia, etc. il means the disease,
ECTOR	xam kami A fr who regu	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OX AS A CONSEQUENCE OF:
DIR	cal ecal ens; (3 ician as in ains a	rise to the obove cause (A) stoling the UNDERLYING CONDITION last. (C). Hy olw the rec'x
RAL	f med medicy bury physican w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GREATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GREATED TO THE TERMINAL
FUNER	oy a by a Bod the hysic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID.
ш.	by the pital brace; (2) where No pi	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bldg., INJURY OCCUR?
	hos natu ept d (6)	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Work At Work
	of any of any al (exc th); an	22. I certify that (I) (this haspital) attended the deceased fram 10/9 19/0 ta 19/0 that (I) (we) last saw the deceased alive an 10/8 19/0 and that in(my) (aur) apinian death accurred an the date
	sed sed int pit pit eat	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
	releacci	23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. 23D. ADDRESS Attending Degree Phys. 23D. ADDRESS
	certificate sody was i s: (1) An a D.O.A. at ased prior	24A- BURIAL CREMATION. 124B. DATE DAG NAME of CRASTERY
		BURIAL 10-19-70 BETH ISRAEL WOODBRIDGE, NEW JERSEY
	the	OCT 26 1970 CE SE NAME OF REGISTRAR SOL JEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

CONTROL TO THE BOARD STATE and the server state of the server. CVA Compatible thank for him in the My de the Mx Sim Marian Frank : hhowas AND THE CONTRACTOR LINES, John S. O. S. C. S. C.

CT 26

VS 150-REV. 1/1/68

1970

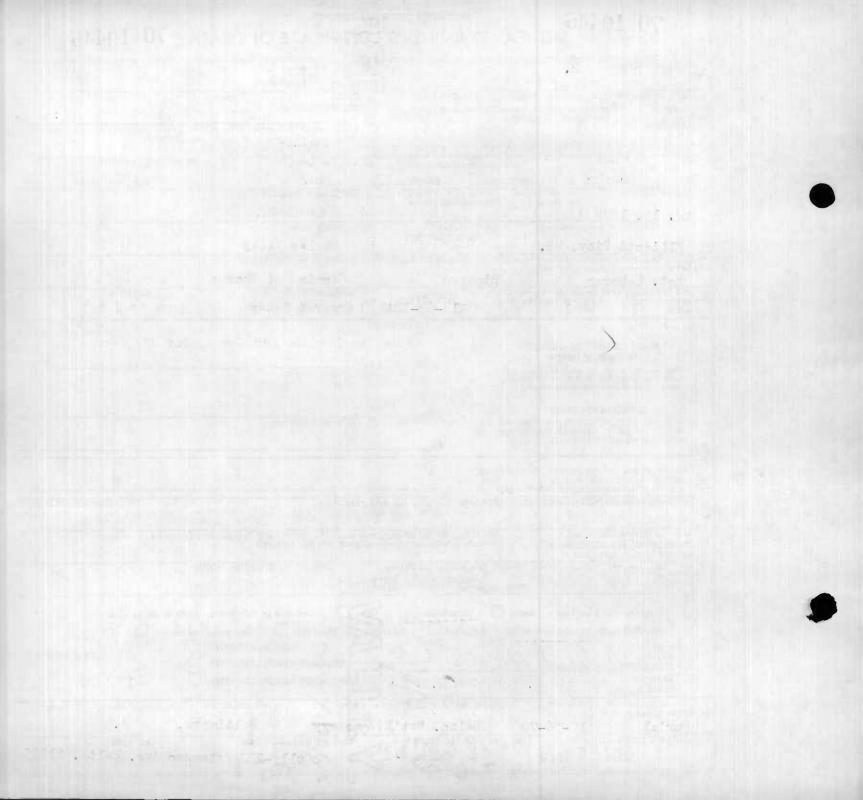
	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 10445
70 10445	CERTIFICA	ATE OF DEATH	REG. NO	10 Th440
BIRTH NO.	02.(111.0)		HOUR OF DEATH	
(Tuna as Print)	ZENITZ		R 20, 1970	2:45 A.
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	A. STATE B. COUNTY	leceosed lived. If in	stitution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	MARY LAND		27-40
ADDRESS OR LOCATION	ON)	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
MT. SINAI NURSING HOM	Œ	BALTIMORE		YES NO
91		E. STREET AND NUMBER		
70		2404 LARRYVA		
	MARRIED NEVER MARRIED	lost	AGE (In years t birthday)	Months Days Hours Min.
1 A L L L L L L L L L L L L L L L L L L	WIDOWED X DIVORCED	JULY 9, 1891	79	
DA. USUAL OCCUPATION (Give kind of work 10 one during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign	country)	12. CITIZEN OF WHAT COUNT
UPHOLSTER	FURNITURE	RUSSIA		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
? ZENITZ		UNKNOWN		
Was Deceased Ever in U. S. Armed Farces	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		MRS. SYLVIA ZUKER	REDC 240	A LADDYWALE DOAD
18. 4 7 2 01	CAUSE OF DEA	TH	DL.KG , 240	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECT	CTLY	1 8 1	T. 1	
LEADING TO DEATH	(A) IMMEDIATE CA	LUSE Ac. Coulis	would?	isus I hus.
(This does not meon the made of dy heart failure, asthenio, etc. It means the	ying, e.g., DUE TO, OR A	S A CONSEQUENCE OF:		
injuly at complication which caused de		0. 11		
ANTECEDENT CAUSES	(0)	Keni 45		
DISEASES OR CONDITIONS, if any		S A CONSEQUENCE OF:		
rise to the above cause (A) si UNDERLYING CONDITION last.				
11	(0/	***************************************		
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING			of the ski
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	TERMINAL			
19A. DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFO	KWFD		N CEKIIFTING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	, in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact location)
DEATH (notify medical examiner)	etc.)	Sings singly into all 1 octors.		
21D.TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Not Wi			
	Work L At War	and M	70 0	0 \$ 90 - 70
22. I certify that (1) (this hospital)	attended the deceased fram	19	10 to	7 20 19 0
that (I) (we) lost sow the deceased	olive on Out	19 Ond that	in(my) (our) opi	nion deoth occurred on the d
and hour and from the couses stated	l abave. (1) (We) (did) (did nat)	view the body after deoth.		
23A. SIGNATURE	1 1 1 1			23B. DATE SIGNED
10111111 Va		tending Med. Sto Director Phy		10.20.70
23 C. PHYSICIAN'S	DEGREE	23 D. ADDRESS		
NAME (Type) DANIEL B.		3600 LOCHEARN	DRIVE	
A. BURIAL CREMATION, 248. DATE	24C, NAME of CEMETERY OF C		ATION (C	ity, tawn, ar county) (State)
REMOVAL (Specify)	and the second s		IMORE, MA	
5A. DATE REC'D BY HEALTH DEPT.	B. NAME OF REGISTRAR	SOL LEVINSON &	BROS 601	O REISTERSTOWN RO
101 20 19/U NO	some of history Till	0 4		

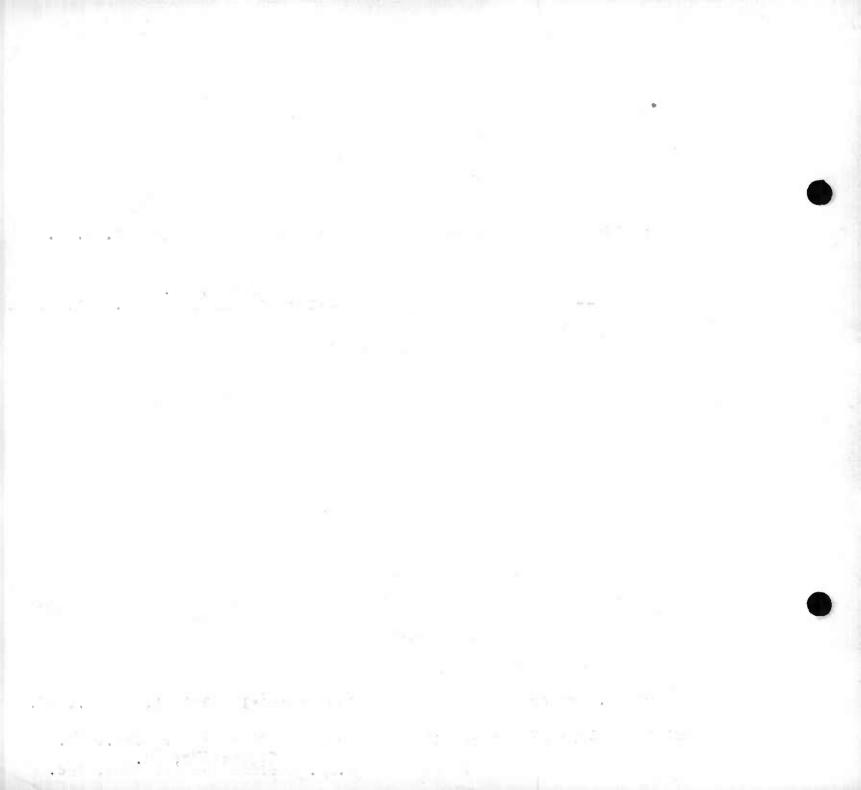
AND ARREST OF A SECURIT A SECURITY AND ADDRESS OF THE ARREST OF THE PARTY OF THE PA

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG NO. 1	0
--------------------	----------------	-----------------	---

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 10446	
I. NAME OF DECEASED R.	2. DATE Known Month Doy Year Hnur	==
CHARLES YATES	OF FULL	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD October 23,1970 6:15	A _M :
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: residence by ore admission A. STATE B. COUNTY	1)
SOUTH BALTIMORE GENERAL HOSPITAL	Maryland 25-05	
6. SEX 7. RACE B. MARRIED A NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male White WIDOWED DIVORCED	Balto. YES AND	
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. II Under 24 Hrs. Months, Days Hours Min.		_
Aug. 15, 1898 /2 11. BIRTHPLACE (Stole or foreign country) 12, CITIZEN OF	13. FATHER'S NAME	
Ellicott City, Md. WHATCOUNTRY?	Charles Yates	
14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
Ret. Laborer Shipyard	Nannie (Thorpe)	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go er unknown) (If yes, give war or dotes of service) Yes WW 1 214-03-3847	Margaret Yates (same as # 5)	
19. 2/ / 1/ 2/ CAUSE OF DEA		VAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE (C)	riosclerotic cardiovascular disease	
injury or complication which coused debin.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or N	0)
	no	
UNDERLYING LOR CONTRIB.	In or obout 22C, WHERE DID (If in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	/ORK	
I certify that I held on Inquiry Inspection X Au	topsy and that on this basis, death in my opinion	
resulted from: Natural couses X Accident Suicid		
SIGNATURE SIGNATURE MED MED MED MED	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	,
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 10/23/70	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	(Side)	
Burial 10-26-70 Balto. Nat'l		
DCT 26 1970 258. NAME OF REGISTRAR	McCully-237 Patapsco Ave. Balto. 2123	25
VS 151-REV. 1/1/68	79-13-0	7





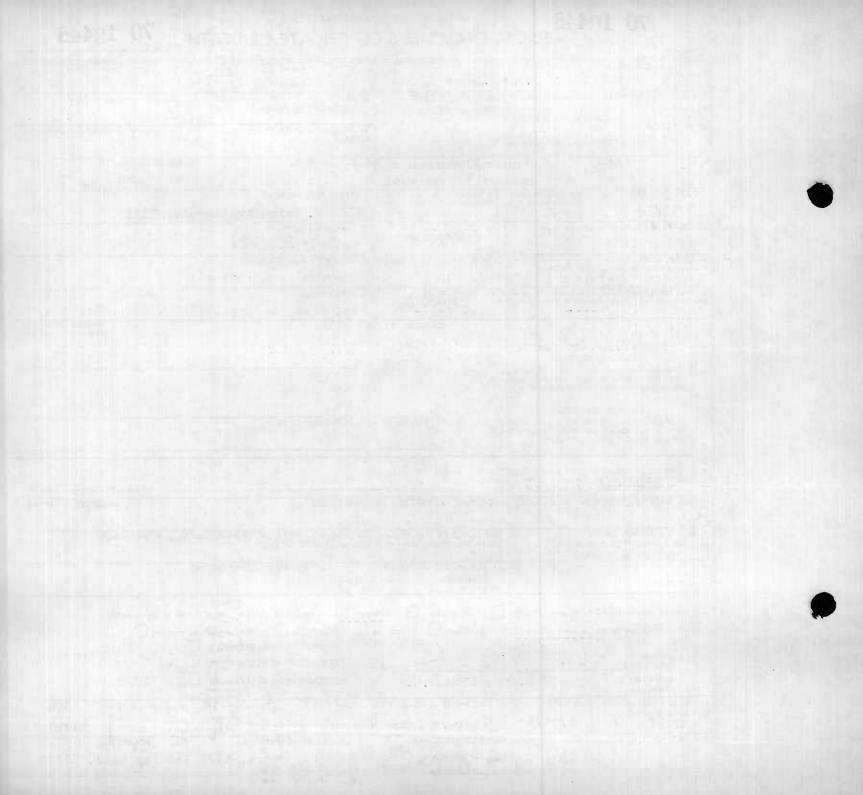
J-520

70 10448

BALTIMORE CITY HEALTH DEPARTMENT

Ö	DALIMORE CITT	ILACITI DEFARIMENT	110	1-110
MEDICAL	FXAMINER'S	CERTIFICATE OF DEATH	1 10	10448
110010110		CERTIFICATE OF DEATH	050 110	C

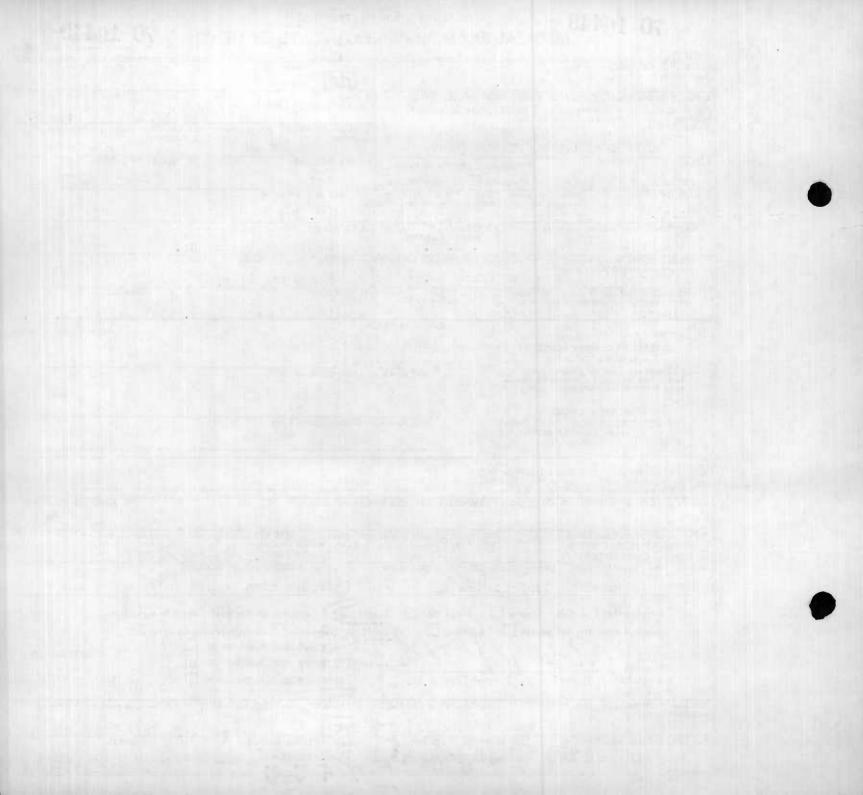
BIR	TH NO.											REG. NO			_
1. (Typ	NAME OF DE	CEASED HERE	BERT E	dwar	ı Jo	nes		2. DATE OF DEATH		vn 🔲	Month	Doy	Year	Hour	=
4.	PLACE IN BA	TIMORE, MA	RYLAND, M	HERE P	ONO	UNCED	DEAD	3. DATE			Month	Day	Yeor	Hour	М.
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTIC	N, GIVE	STREET		UNCED			er 23,1		9:15 A.	
		NIVERSI	TY HOS	PITA	L			A. STATE		CE (Where yland		ed. If Institution	n: residence l	pefore odmission)	
6. 5		7. RACE		8. MARE	IED X	NEVE	R MARRIED	C. CITY O				D. INSIDE C	ITY LIMITS?	2 / 2	-
M	ale	Whi	te	WIDOV			DIVORCED [Balt	imor	e			ES P	NO 🗆	
9. [ATE OF BIRT	н	10.AGE (In	Veors	If Uno	er I Yr.	II Under 24 Hrs.	E. STREET	AND NU	JMBER				NO L	
	3/13/20		losi birthdo	150	Month	s Days	Hours Min.	3306	W. Be	lvede	re Ave	nue, 21	1215		
11.	BIRTHPLACE (state or foreig	n country)			TIZEN		13. FATHER							
La	Mary	land			W	HATCO	UNTRY?	Herb	ert (. Jor	nes				
14A	USUAL OCCU	PATION (GIV	e kind of work	48. KIND	OF B	USINES	OR INDUSTR								
	aundry			Hol	lida	y In	n	Bea	una	((Eaves)				
	WAS DECEAS	-				17. \$00	IAL	18. INFOR	TAAN			A	DDRESS	21215	-
(1.03	no or unknown	yes, give v	ror or dates	ol service	'	227-	26-3503	Mrs.	Rosa	L. Jo	nes.33	06 W. I	Belvede	re Ave.	
	19. 4/	1.4					AUSE OF DEA				,		AF	PROXIMATE INTERV	
	DISEAS	E OR COND	ITION DIDEC	**************************************			Arterio	sclerot	ic ca	ardio	vascula	ar dise	ase BETW	EEN ONSET AND DE	HTA.
		LEADING TO		-121			(A)IMMEDIATE						-50		
	(This does n	ot mean the	mode of dyl	ing, e.g.,			DUE TO, OR	AS A CONSEC	UENCE (OF:				-	
Н	Injury or cor	nplication which	h coused dec	th.)											
ы	Δ1	NTECEDENT	CAUSES				1-4								
		OR CONDITION		GIVING			DUE TO, OR	AS A CONSE	QUENCE	Of:					-
	UNDERLYIN	E ABOVE CAI NG CONDITI	USE (A) STAT ON LAST.	ING THE											
Ö						- (c)							•	
CERTIFICATION	OTHER SIGN	IIFICANT CON	II IDITIONS CO	NTRIBUT	ING										
윤		ATH BUT NOT													
ERT						/HICH C	PERATION W	AS PERFORM	ED				21. AUTO	PSY? (Yes or No	-
Ū	2,												yes		
K		NAL CAUSE			22B. PL	ACE O	F INJURY (e.g.,	In or obout	2C. WHI	ERE DID (If In Baltimor	City, give ex			
EDICAL	UNDERLYING UTING CA				home,	larm, loc	tory, street, offic	e bldg., etc.)	NJURY C	OCCUR?			•		
Σ			oy) (Year) (Hour) 221	ואטעמ	OCCURRED		2F. HOV	N DID IN	URY OCCU	R?			-
П	(APPROX.)				m. W	ILE AT	T NOT	WHILE O							
	23.					Prot L									—
Н	I cert	Ify that I he	eld on Ir	nquiry		Inspec	tion Au	topsy X	and t	hat on th	is basis,	death In my	opinion		
П	result	red from: N	etural cous	ses X	, Ac	cident	Sulcte	• □ H	micide		Indetermin	ed monner			
Н	ACTUAL		00	211	/	1 1			CHIEF M	EDICAL E	XAMINER			DATE CIONED	
	SIGNATI	JRE /	rel	MK	e	1	M-E	ASS	STANT M	EDICAL E	XAMINER	X		DATE SIGNED	
Н	EXAMIN NAME (T		onald.	N. K	rnb	lum,	M.D.	ASSO	CIATE M	EDICAL E	XAMINER		10/23/7	0	
244	BURIAL CREA	MATION, 2	4B. DATE		24C	NAME	of CEMETERY	or CREMATO	RY	24D 1	OCATION	(City, Ar	n, or county)	(Stote)	
	AOVAL (Specia	(y)		70								(City, Town	n, or county)		
	Burial DATE REC'D		10/26/				t Lawn (folk,			Virgini	a
234		OCT 26		258. N	AME C	F REGI	STRAR			L DIRECTO			DDRESS		
		10140	13/0	VIGOR	4,5			Lo	ring	Byers	, 8728	Libert	y Road	, 21133	
VS I	51-REV. 1/1/68					-			. 0	4.4					=



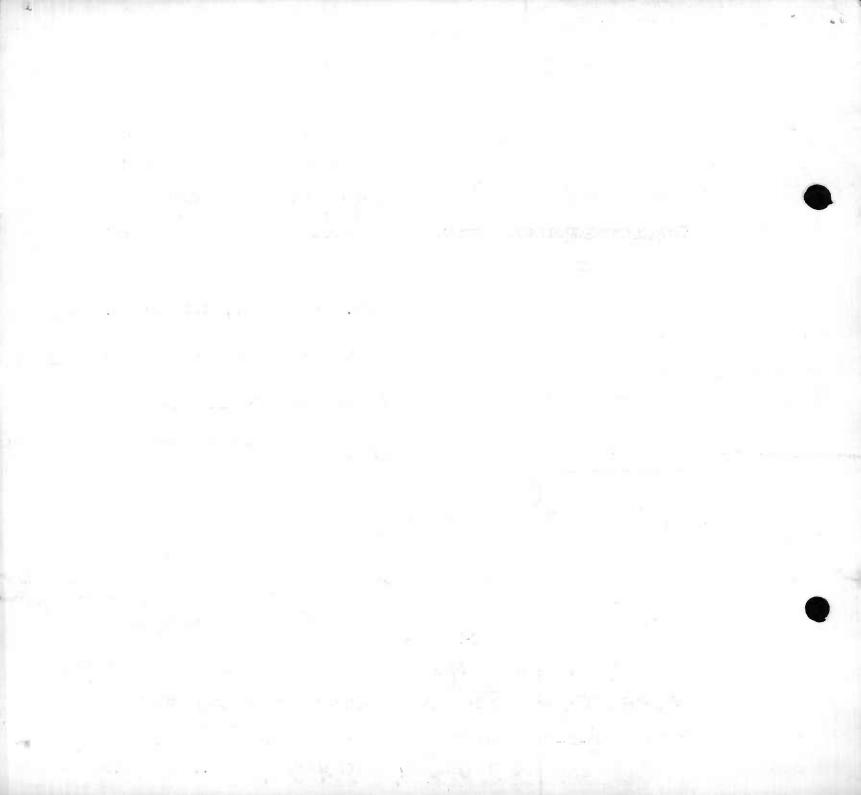
BALTIMORE	CITY HEALTH	DEPARTMENT

riO.	10449	BALTIMORE CITY HEALTH DEPARTMENT	
10	MEDICAL	EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1044

BIRTH NO.	neo, ito,
I. NAME OF DECEASED	2. DATE Known Manih Day Year Hour
(Type or Print) FRED DAVIS Jr.	OF DEATH Estimoted M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD October 22,1970 2:20 P. M
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	October 22, 1970 2:20 P. N 15. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission)
INTOX ACTION TAX HOGERALE (DOLL)	A. STATE B. COUNTY
UNION MEMORIAL HOSPITAL (DOA)	Maryland 4-01
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	□ Baltimore vesXX No □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 H Monihs, Days, Haurs, M	drs. E. STREET AND NUMBER
10-9-1926 lasi birthday) Monihs Days Haurs M	514 E. Pratt Street
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
West Virginia U. S. A.	Ened Manage Davis Co
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUS	Fred Morgan Davis, Sr.
done during most of warking life, even (freilred)	
Cook- Ice Cream Co.	Florence Riley
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknawn)(if yes, give war or dates of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS
Yes?	Armstrong Funeral Home, Whitesville, W. Va.
19. CAUSE OF D	PEATH APPROXIMATE INTERVAL
Chambre	GETWEEN ONSET AND DEAT
	cerebral Injuries
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIAT (DUE TO. C	
heart failure, asthenia, etc. li means the disease,	OR AS A CONSEQUENCE OF:
Injury or camplication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:
I HNDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
0 2	ves
	e.g., in or about 22C. WHERE DID (II in Baltimare City, give exact location)
6	office bldg., etc.) INJURY OCCUR?
22D TIME (Menth) (Day) (Year) (Hour) 122E INITIAL OCCUPRE	ED 22E HOWDID INDIRY OCCUP?
OF INJURY WHILE AT N	NOT WAILE
	Pedestrian jumped in front of bus
23.	
	Autopsy X and that on this basis, death in my opinion
resulted from: Notural couses Accident Syi	icide Momicide Undetermined monner
8) 0 10 1/15	CHIEF MEDICAL EXAMINER
ACTUAL ACTUAL	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 10/23/70
NAME (Type)	ASSOCIATE MEDICAL EXAMINARY EST
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE	ERY or CREMATORY 24D. LOCATION (City, lawn, or county) (State)
REMOVAL (Specify)	
BURIAL 19-26-1970 Blue Ridge	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
OCT 26 1970 Gabers E. Jackers & 8	Wm. Cook-Brooks Towson, 1050 York Road
	Towson, Maryland
VS 151-REV. 1/1/6B	21204



VS 150-REV. 1/1/68



	PAME OF DEC						ND HOUR OF			C 20
		SADIE MO					OBER 19			7.30 A.
3.	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE	B. COUN	ere deceosed li NTY	ved. If inst	titution; residence	before admission
FU	JLL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	TUTION, GIVE STREET		RYLAND			97-	40
IN	STITUTION	ADDRESS OR LOC	AHON		C. CITY OR TO			D. INSID		
3	ATANS D	INKNEY ROAD			E. STREET AN	TIMORE			YES	ио 🗌
1	O 3400 I	INKILI KOAD				8 WALLI	S AVENU	F #21	1215	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED			9. AGE (In ye	eors	If Under 1 Yr.	If Under 24 Hr
	FEMALE	WHITE	WIDOWED		=	1900	lost birthdoy)		Months Doys	Hours Min.
		JPATION (Give kind of wo	rk 108. KIND O	F BUSINESS OR INDUST					12. CITIZEN OF	WHAT COUNTR
do		working life, even if retired)		OME	DUCCT				HC	1.724
13.	HOUSEWI		AT H	OME	RUSSIA 14. MOTHER'S	MAIDEN NA	ME		USA	- 0
	RENTAMT	N GREENSTEIN			EDY		?			43.72
15.		Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMAL		•		ADDRE	SS
	es, no or unknown)	(If yes, give wor or do		SECURITY NO.						
	NO			CAUSE OF DE		SILVER	RSTEIN,	3408 I	PINKNEY F	RD. #2121
		osthenio, etc. It meon plication which couse			A5 A CONSEQUEN	CE OF:				
TIFICATION	DISEASES OF THE DISEASE OF THE DEAT DISEASE OF COMMENTARIES OF THE DEAT DISEASE OF COMMENTARIES OF THE DISEASE OF COMMENTARIES OF THE DISEASE OF COMMENTARIES OF THE DISEASE OF THE DISEAS	ANTECEDENT CAUSE OR CONDITIONS, if o obove couse (A) CONDITION lost. IL ICANT CONDITIONS CONDITION RELATED TO ONDITION GIVEN IN PA OPERATION 1198. COI	s the discose d deoth.) S ony, giving stotling the DNTRIBUTING RT 1 (A).	(B) DUE 10, OR	AS A CONSEQUE				NDINGS CONSI	
CERTIFIC	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OR CO. 1994. DATE OF THE DEAT DISEASE OR CO. 1994. DATE OF CONTRIBU	ANTECEDENT CAUSE OR CONDITIONS, if obove couse (A) CONDITION lost. IL ICANT CONDITION S CONDITION GIVEN IN PARTIES OF TWAS UNDERLYING TAUSE OF	s the discose d deoth.) S ony, giving stoting the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR REFORMED	(B)	20 A. AUTO	NCE OF: PSY? (Yes or No	o) 208. IF YES	, WERE FII		DERED
ERTIFIC	DISEASES OF THE UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO. 19A. DATE OF OR CONTRIBUTED OF THE UNDEATH (notify 21D. TIME	ANTECEDENT CAUSE OR CONDITIONS, if o obove couse (A) CONDITION lost. I CANTONDITION SCORE (A) CONDITION SCORE (A) CONDITION SCORE (A) CONDITION SIZE (A) CONDITION SIZE (A) COPERATION SI	s the discose d deoth.) S ony, giving stoling the DNTRIBUTING THE TERMINAL RIT 1 (A). NDITION FOR REFORMED	(B)	20 A. AUTO g., in or obout 21 C. office bldg	NCE OF: PSY? (Yes or No	O) 20B. IF YES, IN CERTIFY	, WERE FII ING CAU:	NDINGS CONSI	DERED
CAL CERTIFIC.	DISEASES OF THE DEATH OF THE DEATH OF THE OF THE DEATH OF THE DEATH OF THE DEATH OF THE OF TH	ANTECEDENT CAUSE OR CONDITIONS, if o obove couse (A) CONDITION lost. ILLIANT CONDITIONS CONDITION GIVEN IN PACOMETRIC OPERATION 198. CONDITION GIVEN IN PACOMETRIC OPERATION GIVEN IN PACOMETRIC OPERATION GIVEN IN PACOMETRIC OPERATION IN PACOMETRIC OPERATION GIVEN IN PACOMETRIC OPERATION GIV	s the discose d deoth.) S ony, giving stoting the St	(B) DUE 10, OR (C) WHICH OPERATION B. PLACE OF INJURY (e., ne, form, foctory, street, .) INJURY OCCURRED Not W	20 A. AUTO g., in or obout 21 C. office bldg 1NJU	PSY? (Yes of No	O) 20B. IF YES, IN CERTIFY	, WERE FII ING CAU:	NDINGS CONSI	DERED
EDICAL CERTIFIC.	DISEASES OF THE DISEASE OF THE DEAT DISEASE OF COMPANY OF THE DEAT DISEASE OF CONTRIBUTION OF CONTRIBUTION OF THE DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	ANTECEDENT CAUSE OR CONDITIONS, if o obove couse (A) OF CONDITION lost. II ICANT CONDITION S CONDITIO	ony, giving stoting the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR REFORMED 211 (Hour) 21E	(B)	20 A. AUTO g., in or obout 21 C., office bldg., INJU 21 F. Vhile	PSY? (Yes or Now WHERE DID RY OCCUR?	O) 208, IF YES IN CERTIFY (If in JURY OCCUR?	, WERE FII ING CAU:	NDINGS CONSI SES OF DEATH? City, give exoct I	DERED ocotion)
EDICAL CERTIFIC.	DISEASES OF THE DISEASE OF THE DEAT DISEASE OF COMPANY OF THE DEAT DISEASE OF CONTRIBUTION OF CONTRIBUTION OF THE DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	ANTECEDENT CAUSE OR CONDITIONS, if o obove couse (A) CONDITION lost. I ICANT CONDITION S	ony, giving stoting the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR REFORMED 211 (Hour) 21E	(B)	20 A. AUTO g., in or obout 21 C., office bldg., INJU 21 F. Vhile	PSY? (Yes or Now WHERE DID RY OCCUR?	O) 208, IF YES IN CERTIFY (If in JURY OCCUR?	Boltimore	NDINGS CONSI SES OF DEATH? City, give exoct I	ocotion) 19 70 urred an the do
MEDICAL CERTIFIC	DISEASES OF TISE TO THE DEAT OF THE DEAT O	ANTECEDENT CAUSE OR CONDITIONS, if o obove couse (A) OR CONDITION lost. II ICANT CONDITION S CONDITI	ony, giving stoting the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR REFORMED (Hour) 21E With World of the dolive an acted obove.	(B)	20 A. AUTO g., in or obout 21 C. office bidg 1NJU 21 F. Vhile	PSY? (Yes or Now WHERE DID RY OCCUR?) HOW DID INJ	O) 208, IF YES IN CERTIFY (If in JURY OCCUR?	Boltimore	NDINGS CONSISES OF DEATH? City, give exoct I	DERED ocotion) 19 70 pried an the da
MEDICAL CERTIFIC	DISEASES OF TISE TO THE DEAT DISEASE OF TO THE DEAT DISEASE OR OF THE DEAT DISEASE OR OF THE DEAT OF THE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU	ANTECEDENT CAUSE OR CONDITIONS, if o obove couse (A) OR CONDITION lost. II ICANT CONDITION S CONDITI	ony, giving stoting the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR REFORMED O (Hour) 21E W. W. Col) ottended the dolive an ottended to botte. (COLLER 24C. N	(B)	20 A. AUTO g., in or obout 21 C. office bldg., INJU 21 F. Vhile 21 F. Vhile 21 F. Vhile 22 F. Vhile 22 S. E. 22 T. REE 22 T. S.	PSY? (Yes or Now WHERE DID RY OCCUR? HOW DID INJ ofter death. Med. Director	O) 208. IF YES IN CERTIFY (If in JURY OCCUR? 19 50 to hat in (my) (complete in my) (complete in my)	WERE FIII'NG CAU	NDINGS CONSISES OF DEATH? City, give exoct I	DERED ocation) 19 70 pred an the da

ATTERNATION NOW AND THE STREET OF ST

DEPTH CHARLES AND A THE ADDRESS OF THE

G.5/61	BALTIMORE CITY HEALTH DEPARTMENT
and, eath ased the Such	BIRTH NO. 70 10452 CERTIFICATE OF DEATH X REG. NO. 70 10452
and death and the same	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence admission)
0 0 0	A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND
cau use; tend	C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YES NO NO
lin a ng cau cause; cause; catend	SINAL HOSPITAL JBALTO BALTIMORE YES NO L
	8202 SPRING BOTTOM WAY
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if Under 1 1/6, if Under 24 Hrs. lost birthday) Months; Days Hours; Min.
occur ontrib ermin regula	FEMALE WHITE WIDOWED DIVORCED 4/6/54
ath or condete in r dece	IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIATHILACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
or o	STUDENT SCHOOL BALTIMORE, MARYLAND USA
if dect way the	13. FATHER'S NAME
E + . E ~ . E	IRVIN GOMPRECHT, JR. LOUISE ZAMOISKI
stant ind; eath e on	15. Was Deceased Ever In U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
RTA ssist the the the dec	NO N
V 4 - DO	18. 57/.91 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMPC or his Also, i e of an nounce attend	DISEASE OR CONDITION DIRECTLY HERAFIC COMPA
0 4 0 2 0 2	1This does not mean the made of dying, e.g., (A)IMMEDIATE CAUSE
Sar or	heart failure, astheria, etc. it means the disease,
CTOR: caminer aminer. A fractur who pror regular	ANTECEDENT CAUSES CHRUNIC ACTIVE HEPATITIS 5-6 months
O BEATSO	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF:
™ 3.9 € = 1.5 %	rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)
medica medical medical burns; hysicia in was	11
Medical burns; hysiciin was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
E + F > 0.0 0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 1994. DATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
chief n chief n gody b the pl ysician	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (if in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?
T = V A A A	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	DEATH Inotify medical examines OF INJURY O
hosp natur ept w d (6)	While At Not While At Work
Da yx rtd	22. I certify that (f) (this hospital) attended the deceosed fram 10.18.70 19 to 10.21.70 19
dapp dapp (e. f. an ties of o o o	that (1) (we) last saw the deceased alive an 10:21:70 19 and that in (my) (aur) opinion death accurred on the date
0 9 7 7	and hour and from the causes stated above. (We) (did) (did not) view the bady after death.
	23A, SIGNATURE 23B, DATE SIGNED
- V C A	Mr Sodenkerny M.D. DEGREE Phys. Director Director Phys. 10.21.70
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
certificate m sody was rel 7s. (1) An acc D.O.A. at a assed prior to	M. BODENHEIMER M.D.
# S S & B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
Dod Dod Base	BURIAL 10-23-70 BALTIMORE HEBREW REISTERSTOWN, MARYLAND
This certif the body shows: (1) was D.O.A deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF GEGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
₹₩\$₽\$	
	VS 150-REV. 1/1/68

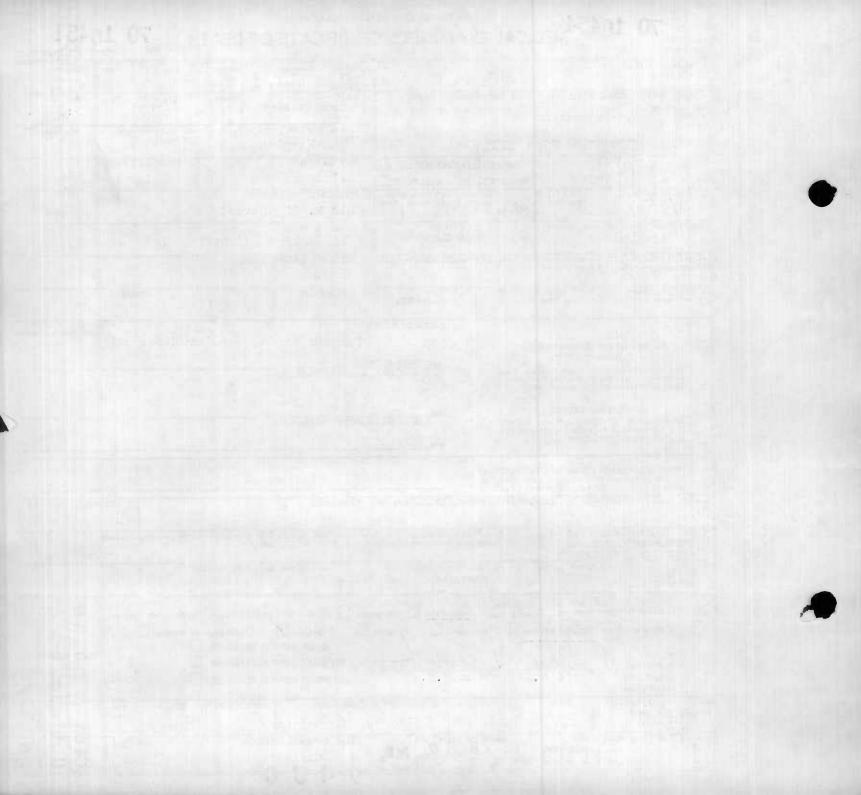
ed a Transfer Tend of the He will

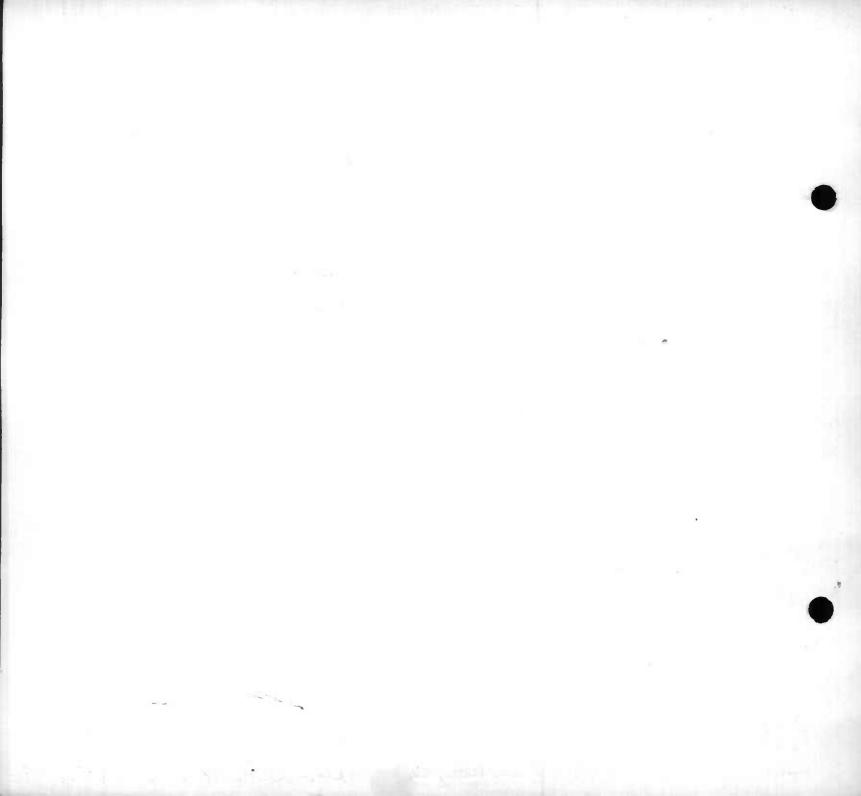


C-616

BALTIMORE CITY HEALTH DEPARTMENT

	70 1	0454	DICAL	BALTIMORE CITY HE			OF DEAT	11	0 10	454	
BIRTH	NO.	ME	DICAL	EXAMINER'S	CKIIFI	CATEC	IF DEAT	REG. NO.	0 10	101	
1. NA	ME OF DECEASE	-	AWFORD		2. DATE OF	Known 🗆		Day	Year	Hour	
4 Dt A				NEW YORK OF THE PROPERTY OF TH	DEATH	Estimated					M.
FULL N	IAME OF			NOUNCED DEAD TUTION, GIVE STREET	3. DATE PRONO	UNCED DEAD	Month Octob	er 2,19	70	5:30	P
OR INS	UNION	MEMORIAI			5. USUAL R	ESIDENCE (W Marylar	here deceased II	ved. If Institutio B. COUNTY	n: residence b	efore odmissi	lon)
6. SEX	1			D NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?	4	
Fem	ale	Negro	WIDOWE		1	imore					
	E OF BIRTH	IID. AGE	la veors	f Under 1 Yr. Il Under 24 Hrs.		AND NUMBER	7	<u> </u>	ES L	10 L	
	2/4/10	lost birthd	on 20 V	donths, Doys Hours Min.	318	E. 22½ S					
11. BIR	THPLACE (Stote of Virginia	a (oreign country)	1:	2. CITIZEN OF WHAT COUNTRY?	Will	's NAME liam	Richa	rdson			
14A.US	UAL OCCUPATION	N (Give kind of wor	148. KIND	OF BUSINESS OR INDUSTRY	1		NAME				
1	lousewli	e even aremed			Con	28					
Id. WA	S DECEASED EV	ER IN U.S. ARME , give wor or dote	D FORCES?	17. SOCIAL SECURITY NO.	Mrs		, 251		DDRESS fayett	e Av	e
19.	417	1		CAUSE OF DEA						ROXIMATE INTI	ERVAL
	11 2.4	/ 1		Arterio		ic cardi	i ovascu1	ar dise	BETWE	EN ONSET AN	
		CONDITION DIR	ECILY			10 04141	LOVADOAL	ar aroc.	100		
			ylng, e.g.,	(A)IMMEDIATE O		HENCE OF					
	This does not me heart latlure, asthe Injury or complicat	nia, etc. it means th on which coused de	e disease, oth.)								
	ANTECE	DENT CAUSES		4-1							
	DISEASES OR CO		Y, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
	UNDERLYING CO	NDITION LAST.	ATING THE	(6)							
<u>Ö</u>		11		(c)							
CERTIFICATION	OTHER SIGNIFICATION THE DEATH BUDISEASE OR CONF	T CONDITIONS C	ONTRIBUTING THE TERMIN	NG AL							
20A	DATE OF OPER	ATION 208. CO	NDMON FO	R WHICH OPERATION WA	S PERFORM	ED			21. AUTOP	SY? (Yes or	No)
O									no		
	DERLYING OF	CONTRIB-	22 hc	B. PLACE OF INJURY (e.g., ime, farm, loctory, street, office	in or about 2 bidg., etc.) il	2C. WHERE DI	D (If in Boltimon	e City, give exc			
	. TIME (Month		r) (Hour)	22E.INJURY OCCURRED	12	2F. HOW DID	INJURY OCCU	102			
(AF	PROX.)				WHILE -		INJORI OCCI	, KI			
23.	I certify th	ot I held an	inquiry [Inspection Aut	opsy 🗌	and that or	this basis,	death in my	opinion		
		m: Noturol co				micide 🗌		ed manner			
	ACTUAL	1	1-01	1/1/	(HIEF MEDICA	L EXAMINER			ATE CIONE	-
	SIGNATURE_	1 hules	1 11	M.D.	ASSI:	TANT MEDICA	L EXAMINER	X		DATE SIGNE	D
	EXAMINER'S NAME (Type)	Ronald N	. Kórn	blum, M.D.	ASSO	CIATE MEDICA	L EXAMINER		10/3/7	0	
	JRIAL CREMATIO			24C. NAME of CEMETERY	OF CREMATO	RY 24	D. LOCATION	(City, lown	, or county)	(Stote)	
D	uriai	10/2	6/70	Mt Calvar	y Ce	metrv	A A	Count	77		
25A. D.	ATE REC'D BY HE	ALTH DEPT.	258. NA	ME OF REGISTRAR .		UNERAL DIRE			DDRESS		-
	OC	126 1970		BE. Jaben M.D.			Halst			north) As
	PEV 1/1/AR					** 0				n 01	V



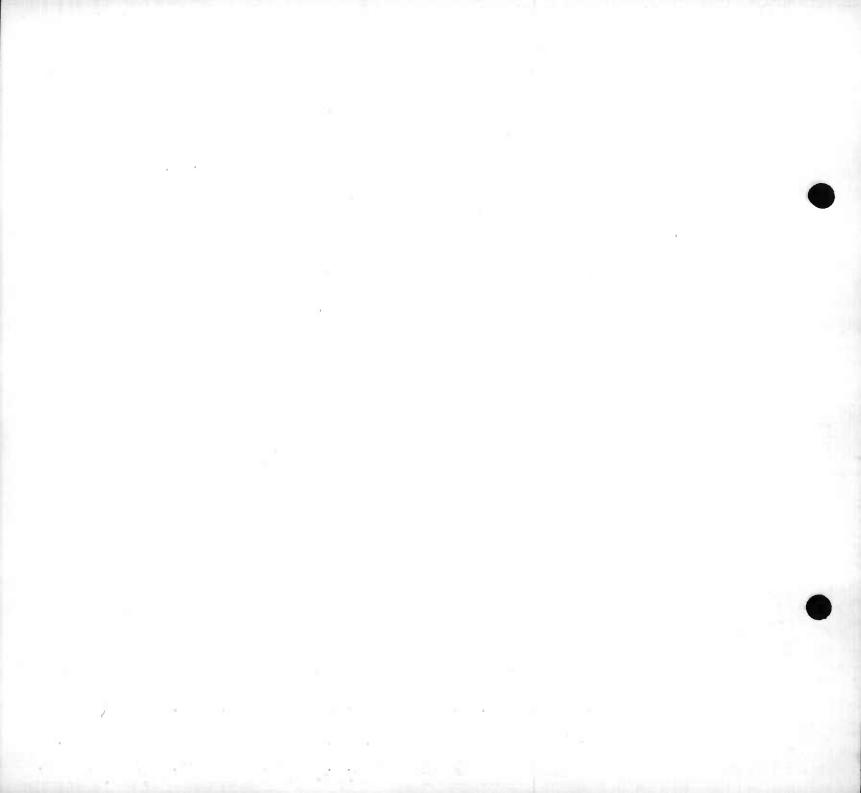




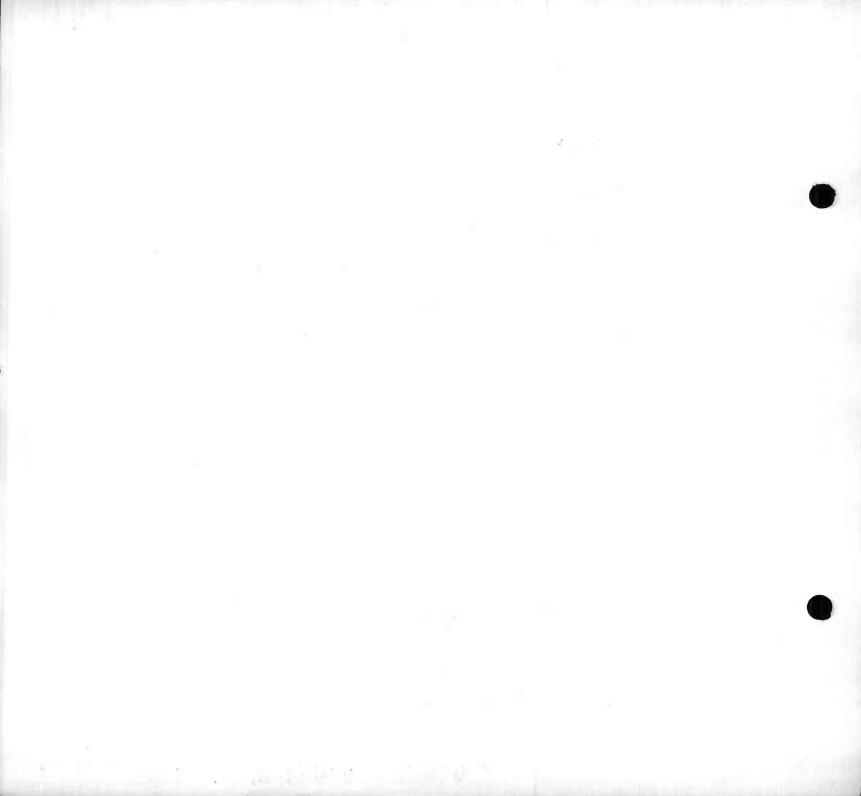
IMPORTANT

DIRECTOR:

FUNERAL



(F)	0201		70 1045	BALTIMORE (TY HEALTH DEPARTMENT		70 40450
	55 6 ± 6	BIR	70 1945	CERTIFIC	CATE OF DEATH	REG. NO	70 10458
	of deat of deat Decease e on th		AME OF DECEASED		2, DATE AND	HOUR OF DEATH	
	- 9 6 G		GK022'	HRISTIAN W.	oct.	24 1970	16-15 A M
	E 00 0 E	3.	LACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A, STATE & COUNT	deceased lived. If insti	tution: residence before admission)
	a hospit cause of se; (5) De andance to death	FU HC	L NAME OF (IF NOT IN HOSI SPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	MARY LA		27-14 ECITY LIMITS?
	in a ng caucause; attend ior to	IL.			BALTIMO	n =	YES NO
	D.= L.	T	The Union Memo	rial Hospital	E. STREET AND NUMBER ROLAND DAR		
	but hed lar	5. 5	EX	Z- MADRIED Z- MENTED WARRING I			25
0	th occurre contribut etermined n regular oceased p	1	Male White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1 03-20-02	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	co dete	don	USUAL OCCUPATION (Give kind of we during most of working life, even if retired	ork 108. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
		T	ieasurer General Mo	1002 abu 110710	MARYLAND	USF	(AMERICAN)
-	÷ (4) × + + + + + + + + + + + + + + + + + +		CHRISTIAN W.	GROSS, SR.	MARY HOS	RNING	
Z	stant ind; leath se on	15.	Vos Deceosed Ever in U. S. Armed fino or unknown) (If yes, give wor or de		17. INFORMANT		ADDRESS
17X	the the dear		No	oles of service) SECURITY NO.	3 MRS. MARI	IE GROSS	same
ō	de Cabr		8.//2/	CAUSE OF DE			APPROXIMATE INTERVAL
IMPORTAN	P to p		DISEASE OF CONDITION DEATH	H	we corebro-u	ascerla	BETWEEN ONSET AND DEATH
			(This does not mean the made of heart failure, asthenia, etc. It mean	of dying, e.g., (A) IMMEDIATE (DUE TO, OR	AS A CONSEQUENCE OF:	ident	
S	iner. actu pro ular mba		injury ar camplication which cause	ed death.)		*	
5	THE OH		ANTECEDENT CAUSE	(B) V	whichogenic	· Castin	ama
DIRECTOR	exa exa (3) A n w in r		DISEASES OR CONDITIONS, if rise to the above cause (A	any, giving DUE 10, OR 3) stating the	AS A CONSEQUENCE OF:	1 0 -	
=	0 0 5		UNDERLYING CONDITION last.	(C)	R	109	********
_	nedical edical burns; hysicic n was	z	THER SIGNIFICANT CONDITIONS C	CANTRIBUTING		U	
RA	E of de s	«	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL ART 1 (A).	**********************		
UNERA		CERTIFIC	9A-DATE OF OPERATION 19B CO	ONDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	DINGS CONSIDERED
5	50 5 6 do		TA ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.	affice bldg., INJURY OCCUR?	(if In Boltimore C	City, give exact location)
	メモッチェー	S	DEATH (notify medical examined)	etcJ			4
	hosp natur ept w d (6)	3	PID-TIME (Month) (Doy) (Yeor		21F. HOW DID INJU	RY OCCUR?	
			A PPROX.)	Work L At W	hile 🔲		
	2 + 8 S O		2. 1 certify that (1) (this hospit	2 3 -:		70 to 00	24 19 70
		и и	hot (1) (we) lost saw the deceas			in (my) (aur))opinia	in death accurred on the date
	bed mt bed by the bod by the bed		ind haur and from the causes st 3A. SIGNATURE	ated abave. (I) (We) (dld) (dld nat	view the bady after death.		
	20.00		Tole	Mh was	ttending Med. S		B. DATE SIGNED
	F 0 0 0 + 0		3C. PHYSICIAN'S NAME (Type)	MD DEGREE	hys. Med. Si Director Pi	haff X	act 24, 1970
	certificate m sody was relist. (1) An acci D.O.A. at a h ased prior to		NAME (Type) TONYU	OHE NO	11.	2110120 26	Hart
	A P a b	24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF	EREMATORY 24D. LOC	emovial (City,	town, or county) (Stote)
	This certified by the body shows: (1) was D.O. deceased written a		tombment 10-2	7-70 Lorraine Man		imore	Md.
	the bod shows: was D.C decease	25A	OCT 26 1970	SENAME OF PEGIF RAT A. D.			ADDRESS
	ませる 多中 中			1000 cal rather	25C FUNERAL DIRECTOR H. W. Jenkins O Baltimore.	Sons Co. 4	905 York Rd.
	1.0	VS 1	50-REV. 1/1/68				



in D. S. Materia

and the property of the second

100

BAITIMODE	CITY HEALTH	DEPARTMENT

BI	70 1	10401	MED	DICA	L EX	AMINER'S	CERTIFI	CATE	OF	DEAT	TH REG. NO	70	10460
	NAME OF DEC	CEASED					2. DATE	Knawn	. IXI	Manth	Day	V	for the second
(1)	pe or Print)	Ro	salie	Gregg	2		OF		ted []	10	24	70	10:30 a.
4.	PLACE IN BAL					UNCED DEAD	DEATH 3. DATE			Month	Day	Yeor	Hour M.
FL HO	ILL NAME OF DSPITAL RINSTITUTION	(IF NO	OT IN HOSPITA	AL OR INS	STITUTIC	N, GIVE STREET		UNCED D		10	24	70	10:30 a _M
L	90		. Hill				A. STATE	ESIDEMCE	c (where	deceosed	B. COUNTY	residence	-02
6.	SEX	7. RACE		8. MAR	RIED	NEVER MARRIED	C. CITY OF				D. INSIDE CI	TY LIMITS?	
	emale	Neg			WED [DIVORCED	Ba	alto.			YE	s 🗆	NO 🗆
9.	7/12/2		lost birthdo		Month.	ler 1 Yr. 11 Under 24 Hrs. 8 Days Hours Min.		McMe	TITTE	St.			
11.	South					TIZEN OF HAT COUNTRY?	13. FATHER		ldre) W			
14/	USUAL OCCU	PATIONIGI	un blad al work	148. KIN	D OF B	USINESS OR INDUSTR	Y 15. MOTHE	R'S MAID	EN NAN	E			
001	e during most of v	vorking lile, e	ven it retired)				Marie	Fred	Jan				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S?	7. SOCIAL	18. INFOR		TOL		IA.	DRESS	
(10	NO	(il yes, give	war ar doles	of service	•)	SECURITY NO.	Mordi	man	Muld	mow.	2994 E.		O.
	19.	100	1 1/			CAUSE OF DEA		THE T	Muzo	TOW	2004 D	A	UPPROXIMATE INTERVAL
			OMON DIRE	CTLY			Pu1	monar	y eml	ooli		SET	WEEN ONSET AND DEATH
		LEADING TO	mode of dy	ing. e.g.		(A)IMMEDIATE							
	heart tailure,	, asthenia, et	c. It means the ich coused de	disease.			AS A CONSEQ						
П		MECEDEAN	CAUCEC						•	conic	traumat	LC	
z	DISEASES O	NTECEDENT OR CONDITI E ABOVE CA IG CONDIT	IONS, IF ANY	, GIVING TING THE		(B) DUE TO, OR	AS A CONSE	QUENCE C)F:				
2			11										
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	ATH BUT NO	NDITIONS CO TRELATED TO I GIVEN IN PA	THE TERM	UNAL								
ERT	20A. DATE OF	OPERATIO	N 208. CON	NOITION	FOR W	HICH OPERATION W	AS PERFORM	ED				21. AUTC	OPSY? (Yes or No)
	5/_/				-								yes
MEDICAL	UNDERLYING		TRIB-		228. PL home,	ACE OF INJURY (e.g., form, loctory, street, office HOME	In or obout 2 e bldg., etc.)	2C. WHER	E DID (II	in Baltimo	re City, give exoc lechan St	l location)	14-02
Σ	OF INJURY	Month) (I	20 (Year)	INJURY OCCURRED	2	Penor	וניון מום	PRY OCC	down st	ens	
	(APPROX.)		20 /		m. WC		WHILE I	Корог	0001	, 101.	L WOWIL O	.cpo.	
		Ify that I h	eld on I	nquiry [Inspection Au	topsy 🔯	and the	at on thi	s basis,	death in my	noinia	
	result	ed from: N	alural cab	202	Ace	Ident XX Sulcia		micide [_		ned manner	-	
	ACTUAL		XA	Dane	1.1.	8	(CHIEF MED	DICAL EX	AMINER			DATE SIGNED
	SIGNATU	JRE	M	Will	ala	CHS M.D	ASSI	TANT MEI	DICAL EX	AMINER	K	1	10/25/70
	EXAMINI NAME (T	ype) IS		Mihal		s, M.D.		CIATE MEI	DICAL EX	AMINER			.0,20,,0
RE	A. BURIAL CREA MOVAL (Specif	y)	248. DATE			NAME of CEMETERY			24D. LO	OCATION	(City, town,	ar county) (Stote)
-	urial		10/27		M	t Auburn	Cemete	ry	Ba	l to.	Md.		
25	A. DATE REC'D		-		IAME C	F REGISTRAR	25C. F	UNERAL	arch	2		DRESS	1770
٧S	151-REV. 1/1/68	1/1	77.	2	7)		=4"	0.00	JE RO	LOII 1	149.
		140	OX.	1									V

legitime Maldrew 2008 E. Fem pri St.

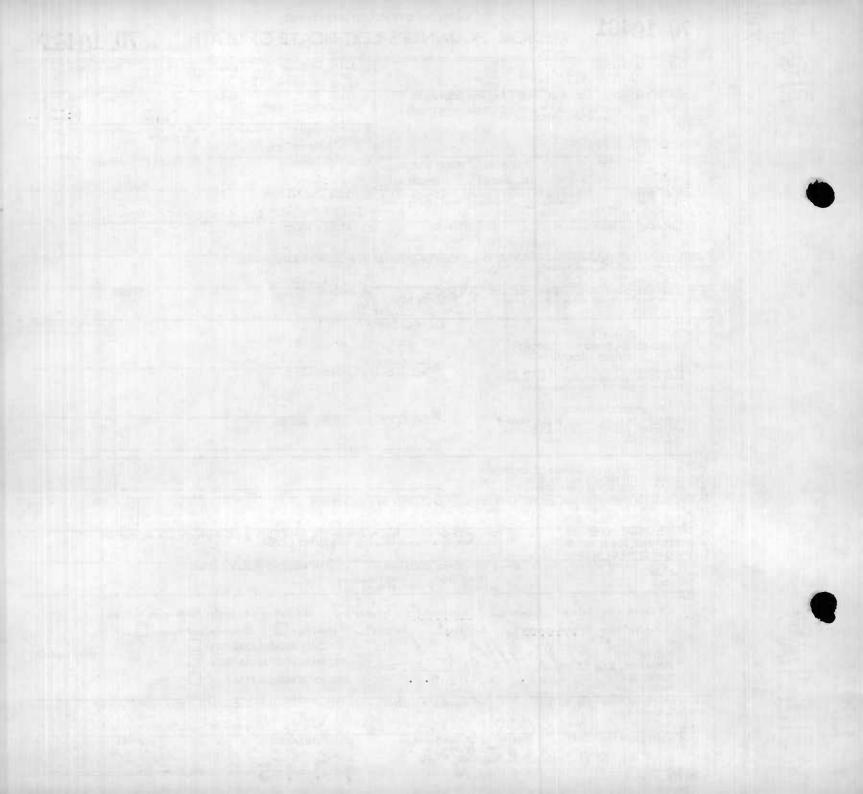
Tordel 10/27/00 Ht Auburn Cometere | Delice. Ma.

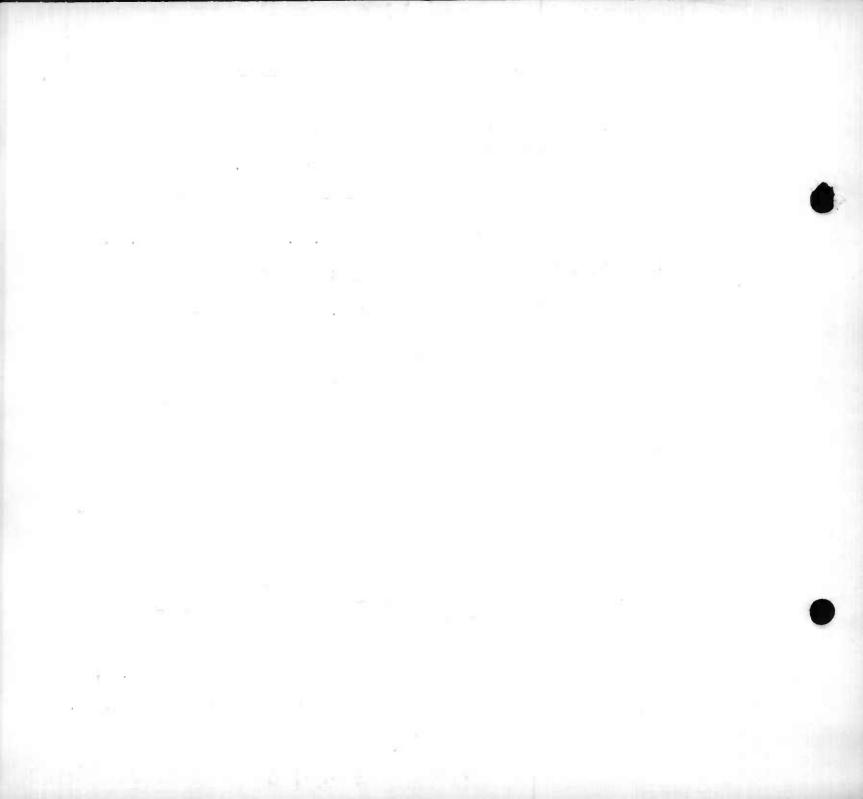
ers dated it said there a seeks tree.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEAT	Ή

BIRTH NO.	MILL	JICAI	L EVAMINER 9	CKIIF	CATE OF	DEAT	REG. NO.	10]	9469	
1. NAME OF DECEASES				2. DATE	Known 🔲	Manth	Doy	Year	Hour	
(Type or Print) SADI	E VENEY			OF DEATH	Estimated					м.
4. PLACE IN BALTIMOR				3. DATE	UNCED DEAD	Month	Day	Year	Haur	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	STITUTION, GIVE STREET		198		er 15,19		9:15	P.M
	ert Stree	t		A. STATE	RESIDENCE (When Maryland	e deceased liv	ed. If Institution B. COUNTY	residence b	efore admis	sion)
6. SEX 7. RA	CE	8. MARI	RIED NEVER MARRIED	C. CITY OF			D. INSIDE C	TY LIMITS?		2
Female 1	Negro	WIDON		Balt	imore		v	ES 🗌	No 🗆	
9. DATE OF BIRTH	10.AGE (last birthd	in years by) 76	If Under 1 Yr. II Under 24 Hrs. Months Days 1 Hours 1 Min.		AND NUMBER	o.t				
M. BIRTHPLACE (Stole or	foreign country)	09	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME	e.c				
14A USUAL OCCUPATIO		Penu	O OF BUSINESS OR INDUSTRY	115 MOTH	WOW Z	ME				
done during mast of warking	lite, even if retired)		o di bosinessi on moosiki	no	0	ME				
MAS DECEASED EVI	ED IN US ADME	D FORCE	S? II7. SOCIAL	118. INFOR	MANT P		A	DDRESS	. 6-	
(Yes, no or unknown) (il yes,	give war or dates	of service	SP 17. SOCIAL SECURITY NO.	nuo 6	extre Leix	LOS L		DDRESS	10 37	0
19. 2/ / 9	1.		CAUSE OF DEA	TH	mus 3	youar	3637		PROXIMATE IN	
DISTACT CO	ONDERGNA	CTIV			c cardiova	Scular	disease		EEN ONSET A	ND DEATH
	CONDITION DIRE	CILY			c carabva	oculai	alsease			
(This does not mea heart toilure, asther	n the made of d	ylng, e.g.,	(A) IMMEDIATE O		UENCE OF					
Injury ar complication	on which caused de	oth.)								
ANITECEI	DENT CAUSES									
DISEASES OR CO.		Y, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
I UNDERLYING CO	'E CAUSE (A) STA NOMON LAST.	TING THE								
<u>o</u>			(c)							
OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR COND 20A. DATE OF OPER	T NOT RELATED TO	THE TERM	UNAL							
20A. DATE OF OPER			FOR WHICH OPERATION WA	S PERFORA	\ED			21. AUTO	PSY? (Yes a	r Na)
22A. EXTERNAL CA			22B. PLACE OF INJURY (e.g.,	in ar obout	2C. WHERE DID	(If In Baltimore	City, give exp	cl location)	no	
UNDERLYING OR UTING CAUSE OF			home, farm, lactory, street, office	bldg., etc.) l	NJURY OCCUR?					
22D. TIME (Month) OF INJURY		r) (Hou	r) 22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCU	R?			
(APPROX.)			m. WHILE AT NOT AT W	WHILE						
23.			III. WORK CO AT W					-		
I certify the	at I held on I	nquiry	Inspection X Aut	opsy 🗌	and that on the	his basis,	leath in my	opinion		
resulted fro	m: Hanural car	ses X	Accident Suicid	• 🔲 H	omicide 🔲	Undetermin	ed manner [
ACTUAL /		1	11/1/		CHIEF MEDICAL E	XAMINER			DATE CICA	IED
SIGNATURE	held		Keel M.S.	ASSI	STANT MEDICAL E	XAMINER	X		DATE SIGN	EU
EXAMINER'S NAME (Type)	Ronald	N. K	ornblum,M.D.	ASSC	CIATE MEDICAL E	XAMINER		10/1	6/70	
24A. BURIAL CREMATION REMOVAL (Specify)	V. 248. DATE		24C. NAME of CEMETERY	CREMATO	ORY 24D.	LOCATION	(City, Jown	ar county)	(Ştale	e) //
Bureal,	Oct. 2.	3/970	Int leuber	IN Cer	neley Mr	estbert	- Bu	tecuen	1 //	101
25A. DATE REC'D BY HEA	ALTH DEPT.	25B, N	AME OF REGISTRAR	25C)	UNERAL DIRECTO	OR ()	AI	DORESS	7	
OCT 26	1970 Rob	e & E.	Jaben R.D.	1	eseph &	Tees	222	22110,	1100	th 4
/S 151-REV. 1/1/68				7 9						0





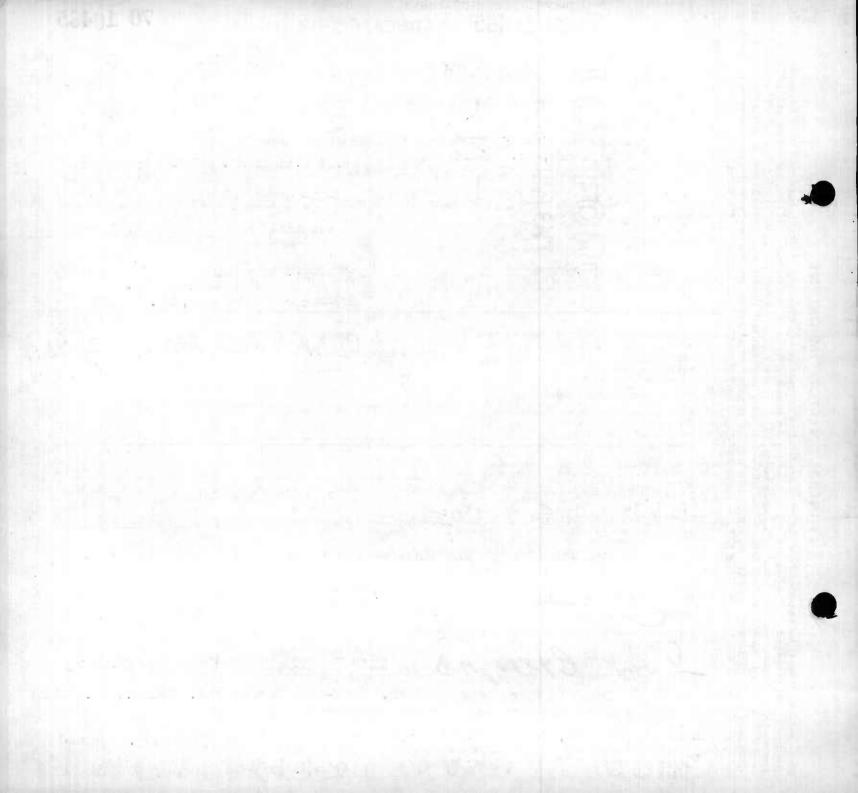
100	H NO.	EASED			TE OF DEATH		70 10463
Пур	e or Print)					AND HOUR OF DEAT	H O.OF D
3. P	JONE	ES IRENE	WHERE PRONO!	INCED DEAD			8:05 P
		,	WITCHE TROTTO	SINCED DEAD	A. STATE B. CO	UNIX	institution: residence before ad
HO	L NAME OF	ADDRESS OR LO	PITAL OR INSTITU	THON, GIVE STREET	MARYLAND.	BALTIMORE	21-10
IN 2.	TITUTION"				C. CITY OR TOWN	D. If	VSIDE CITY LIMITS?
11	5			FT 44	BALTIMORE		YES 🔼 NO
7	GOOL	SAMARITA	N HOSPI	TAL	E. STREET AND NUMBER		
5. SI	EX	6. RACE	17. 44.4.2.1.2. F		4733 Wren		21212
	F	C		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	Months Doys Hours
104	USUAL OCCU	PATION (Give bind of an	WIDOWED [09/21/33	-47	
done	during most of w	orking life, even it retired	OF TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sigle of	oreign country)	12 CITIZEN OF WHAT CO
	Retired	1		\	Baltimore	Marriand	U.S.A.
13. F	ATHER'S NAM	1E	***	The second	Baltimore,	AME	O O O A A
	ACIDE TERM	TIA STUTTED			MADIE DIEGO	111011	
15. W	Vos Deceasod	HAWKINS Ever In U. S. Armod F (If yes, give wer or de	orces?	1 6. SOCIAL	MARY FITZ	HUGH	and the same of th
(Yes,	no or unknown)	(If yes, give wer or de	oles of sorvice)	SECURITY NO. 219-18-3592			ADDRESS
					Tamme Meems	, 714 E. C.	ondSpring Lane
1	18.	3	1	CAUSE OF DEAT	H		I ADDROVIMATE INT
	DISEASE	OR CONDITION D	DIRECTLY		0 0		BETWEEN ONSET AN
		EADING TO DEATH	-	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	a + Elutra	cerebial
	heort loilure, o	shenio, elc. il meon	s the disease	DUE TO, OR AS	A CONSEQUENCE OF:	Rlonging	
		licolian which couse				3	
		NIECEDENT CAUSE		(B) acti	ie arter	a + elito Bleeding tes	1
1	DISEASES OR	CONDITIONS, IF	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF		
1.0	nea 1- 11						
li	rise to the	above couse (A)	stoling the	(c) Okhere	matail (Perth. 1	ea.
	rise to the	CONDITION lost.) Staling the	(c) Other	mataril (arthril	les
ľ	NSE IO INE UNDERLYING OTHER SIGNIFIC	CONDITION lost.	ONTRIBUTING	(c) Rhen	matorial (arthril	les
ATION	THER SIGNIFIC THE DEATH	CONDITION lost, II CANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTIES OF THE	ONTRIBUTING THE TERMINAL	(c) Ocher	matail (Arthril	is
ATION	THER SIGNIFIC THE DEATH	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO NOTION GIVEN IN PA OPERATION [198, CO	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR W	(c) Ochere	matoral (lithril	is
ERTIFICATION	DIHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO NDITION GIVEN IN PA DPERATION 19B. CO WAS PE	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR W RFORMED	(c) Ochere	matorial (lithril	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION	DIHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO NDITION GIVEN IN PA DPERATION 19B. CO WAS PE	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR W RFORMED		matoral (No) 208 IF YES, WERI	is .
CERTIFICATION	THER SIGNIFIC OTHER SIGNIFIC OTHE DEATH OF CO 9A. DATE OF CO 9A. D	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO NOTION GIVEN IN PA OPERATION [198, CO	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR W RFORMED		matorial (No) 208 IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CERTIFICATION	THER SIGNIFIC OTHER SIGNIFIC OTHE DEATH OF CO 9A. DATE OF CO 9A. D	CONDITION lost. II CANT CONDITIONS CO. BUT NOT RELATED TO NOTIFIC NOT PERATION 1998. CO. WAS PE WAS UNDERLYING 1NG CAUSE OF	ONTRIBUTING THE TERMINAL ARI 1 (A). NOTHON FOR W RFORMED 21 B. F home, otc.J	PLACE OF INJURY (o.g., in , farm, foctory, street, of	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	TIA. A CCIDENT OPER CONTINE	CONDITION lost.	ONTRIBUTING THE TERMINAL ART 1 (A). MOINTON FOR W RFORMED 218. F home, otc.J (Hour) 21E. I White	PLACE OF INJURY (0.9. in, farm, foctory, street, of	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID in obdust) and of the bidg., INJURY OCCUR?	No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	DIHER SIGNIFIC OTHE DEATH DISEASE OR CO 9A-DATE OF C TA. A CCIDENT OF CONTRIBUTION DEATH (notify in TID. TIME (FINJURY APPROX.)	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO NDITION GIVEN IN PA DPERATION 198. CO WAS PE T WAS UNDERLYING ING CAUSE OF nedicol exominet Monthl (Day) (Yeor	ONTRIBUTING THE TERMINAL ART 1 (A). MOITION FOR W RFORMED 218. F home, otc.J. (Hour) 21E. I White Work	PLACE OF INJURY (0.05, in form, foctory, street, of injury occurred to the control of the contro	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID in obdust) and of the bidg., INJURY OCCUR?	No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? are City, give exoci locotion)
MEDICAL CERTIFICATION	DIHER SIGNIFIC OTHER SIGNIFIC OTHE DEATH DISEASE OR CO 9A-DATE OF C OTHER SIGNIFIC OTHER SIGNIFI	CONDITION lost. CANT CONDITIONS COMBUT NOT RELATED TO MOTHER IN PARTIES TO WAS PERMITTED TO WAS UNDERLYING CAUSE OF medical examined Manifel (Day) (Year Month) (Day) (Year Month) (Day) (Year Month) (I) (this hospital)	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR W RFORMED 21 B. F home, otc.) (Hour) 21 E. I White Work	PLACE OF INJURY (o.g., in, form, foctory, street, of NJURY OCCURRED O A1 Not White At Work	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID INJURY OCCUR?	No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct locotion)
MEDICAL CERTIFICATION	DIHER SIGNIFIC OTHER SIGNIFIC OTHE DEATH DISEASE OR CO 9A-DATE OF C OTHER SIGNIFIC OTHER SIGNIFI	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO NDITION GIVEN IN PA DPERATION 198. CO WAS PE T WAS UNDERLYING ING CAUSE OF nedicol exominet Monthl (Day) (Yeor	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR W RFORMED 21 B. F home, otc.) (Hour) 21 E. I White Work	PLACE OF INJURY (o.g., in, form, foctory, street, of NJURY OCCURRED O A1 Not White At Work	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID INJURY OCCUR?	No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct locotion)
MEDICAL CERTIFICATION	DIHER SIGNIFIC OTHE DEATH DISEASE OR CO 9A-DATE OF CO PA-CONTRIBUTI OF INJURY APPROX.) 2. I certify the	CONDITION lost. CANT CONDITIONS COMBUT NOT RELATED TO MULTION GIVEN IN PARTIES TO MAS PER CAUSE OF ING CAU	ONTRIBUTING THE TERMINAL ARI 1 (A). NOTHON FOR W RFORMED 21 B. F home, otc.J (Hour) 21 E. I White Work D1) ottended the sed alive on	PLACE OF INJURY (e.g., in, form, foctory, street, of injury occurred injury oc	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID INJURY OCCUR?	No) 208. IF YES, WERI IN CERTIFYING C (If In Bollimon of the country of the coun	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct locotion)
MEDICAL CERTIFICATION	DIHER SIGNIFIC OTHE DEATH DISEASE OR CO 9A-DATE OF CO PA-CONTRIBUTI OF INJURY APPROX.) 2. I certify the	CONDITION lost. II CANT CONDITIONS CO. BUT NOT RELATED TO NOT RE	ONTRIBUTING THE TERMINAL ARI 1 (A). NOTHON FOR W RFORMED 21 B. F home, otc.J (Hour) 21 E. I White Work D1) ottended the sed alive on	PLACE OF INJURY (e.g., in, form, foctory, street, of injury occurred injury oc	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID INJURY OCCUR?	No) 208. IF YES, WERI IN CERTIFYING C (If In Bollimon of the country of the coun	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoci locotion) 19 2 2 2 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2
MEDICAL CERTIFICATION	DIHER SIGNIFIC TO THE DEATH DISEASE OR CO PA. DATE OF TR. CONTRIBUTI DEATH (notify not) The Contribution The	CONDITION lost. II CANT CONDITIONS CO. BUT NOT RELATED TO NOT RE	ONTRIBUTING THE TERMINAL ARI 1 (A). NOTHON FOR W RFORMED 21 B. F home, otc.J (Hour) 21 E. I White Work D1) ottended the sed alive on	PLACE OF INJURY (e.g., in form, foctory, street, of NJURY OCCURRED Not White At Work edeceosed from (We) (did) (did not) vi	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID in or obout 21C. WHERE DID in or obout 21F. HOW DID in 19 20 ond iew the body ofter deoth	No) 208. IF YES, WERI IN CERTIFYING C (If In Bollimina) (If In Bo	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct locotion)
MEDICAL CERTIFICATION	DIHER SIGNIFIC TO THE DEATH DISEASE OR CO PA. DATE OF CONTRIBUTI DEATH (notify n TID. TIME (PF INJURY APPROX.) 2. I certify th hot (I) (we) Id 3A SIGNATURE 3C. PHYSICIAN	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO NDITION GIVEN IN PA OPERATION 198. CO WAS PE I WAS UNDERLYING ING CAUSE OF nedicol exominet Month! (Day) (Yeor ost sow the deceos from the couses sto	ONTRIBUTING THE TERMINAL ARI 1 (A). NOTHON FOR W RFORMED 21 B. F home, otc.J (Hour) 21 E. I White Work D1) ottended the sed alive on	PLACE OF INJURY (e.g., in, form, foctory, street, of injury OCCURRED Not White At Work deceased from (We) (did) (did not) via DEGREE Phys	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID in including and including	No) 208. IF YES, WERI IN CERTIFYING C (If In Bollimon of the country of the coun	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoci locotion) 19 2 2 2 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2
MEDICAL CERTIFICATION	DIHER SIGNIFIC OTHE DEATH DISEASE OR CO 9A-DATE OF CONTRIBUTION OF INJURY APPROX.) 2. I certify the hot (1) (we) lead to 1) (CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO NDITION GIVEN IN PA OPERATION 198. CO WAS PE I WAS UNDERLYING ING CAUSE OF nedicol exominet Month! (Day) (Yeor ost sow the deceos from the couses stor From the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couses store I Company the couse sto	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR W RFORMED 218. F home, otc.J (Hour) 21E. I White Work DI) ottended the sed alive on oted obove. (I)	PLACE OF INJURY (e.g., in, form, foctory, street, of injury OCCURRED Not White At Work deceased from (We) (did) (did not) via DEGREE Phys	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID in or obout 21C. WHERE DID in or obout 21F. HOW DID in 19 20 ond iew the body ofter deoth	No) 20B. IF YES, WERI IN CERTIFYING C (If In Bollim NJURY OCCUR? 19 70 to Occup that in (my) (our) op Shoff Phys.	E FINDINGS CONSIDERED AUSES OF DEATH? The City, give exoci location of the control of the contr
MEDICAL CERTIFICATION	DIHER SIGNIFIC TO THE DEATH DISEASE OR CO PA. DATE OF CO PA. ACCIDENT DEATH (nosity in DEAT	CONDITION lost. II CANT CONDITIONS CO. BUT NOT RELATED TO NOT RE	ONTRIBUTING THE TERMINAL ART 1 (A). TO IT (A). 218. F home, otc. O (Hous) 21E. I White Work Ol) ottended the sed alive on Otted obove. (I)	PLACE OF INJURY (e.g., in form, foctory, street, of NJURY OCCURRED At Not White At Work edeceosed from (We) (did) (did not) via the physics of the physics o	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID in or obout 21C. WHERE DID in or obout 21F. HOW DID it 21F. HOW	No) 20B. IF YES, WERI IN CERTIFYING C (If In Bollimi NJURY OCCUR? 19 70 to Oct that in (my) (our) op Shoff Phys. (CTAN HOSPI)	E FINDINGS CONSIDERED AUSES OF DEATH? The City, give exoci location of the control of the contr
MEDICAL CERTIFICATION TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIHER SIGNIFIC OTHER SIGNIFIC OTHE DEATH DISEASE OR CO 9A-DATE OF C PA-DATE OF C OTHER SIGNIFIC	CONDITION lost. II CANT CONDITIONS CO. BUT NOT RELATED TO NOT RE	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR W RFORMED 218. F home, otc.J (Hour) 21E. I White Work DI) ottended the sed alive on oted obove. (I) TT JR.	PLACE OF INJURY (o.g., in form, foctory, street, of NJURY OCCURRED Not White At Work and deceosed from (We) (did) (did not) via the physical Cemeters of CRE	20A. AUTOPSY? (Yes or or obout) 21C. WHERE DID (including of the body ofter death of the body of the death of the body of the	No) 20B. IF YES, WERI IN CERTIFYING C (If In Bollim NJURY OCCUR? 19 70 to Occup that in (my) (our) op Shoff Phys. C	E FINDINGS CONSIDERED AUSES OF DEATH? The considered of the control of the contr
MEDICAL CERTIFICATION TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIHER SIGNIFIC TO THE DEATH DISEASE OR CO PA. DATE OF CO PA. ACCIDENT DEATH (nosity in DEAT	CONDITION lost. CANT CONDITIONS COMBUT NOT RELATED TO MOTHER IN PADPERATION 19B. COWAS PERMITTED TO WAS P	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR W RFORMED 218. F home, otc.J (Hour) 21E. I White Work DI) ottended the sed alive on oted obove. (I) TT JR.	PLACE OF INJURY (e.g., in form, foctory, street, of NJURY OCCURRED At Not White At Work edeceosed from (We) (did) (did not) via the physics of the physics o	20A. AUTOPSY? (Yes or or obout) 21C. WHERE DID (including of the body ofter death of the body of the death of the body of the	No) 20B. IF YES, WERI IN CERTIFYING C (If In Bollim NJURY OCCUR? 19 70 to Occup that in (my) (our) op Shoff Phys. C	E FINDINGS CONSIDERED AUSES OF DEATH? The considered of the control of the contr
WEDICAL CERTIFICATION TO DO	DIHER SIGNIFIC OTHER	CONDITION lost. CANT CONDITIONS COMBUT NOT RELATED TO MOTHER IN PADPERATION 198. CO WAS PERMIT OF THE PARTIES OF THE PARTIE	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR W RFORMED 218. F home, otc.) (Hour) (Hour) 21E. I White Work DI) ottended the sed alive on oted obove. (I) TT JR. 24C. NAM Bal	PLACE OF INJURY (o.g., in, form, foctory, street, of injury occurred injury oc	20A. AUTOPSY? (Yes or nor obout) 21C. WHERE DID in or obout) 21F. HOW DID it 2	No) 20B. IF YES, WERI IN CERTIFYING CO. (If In Bollims NJURY OCCUR? 19 20 to Occur that in (my) (our) op Shaff Phys. (CTAN HOSPI LOCATION (Co.) LOCATION (Co.)	E FINDINGS CONSIDERED AUSES OF DEATH? The constant of the control

* C . E E . . . 3. 3/7 2 ---. A print of Secret, and the

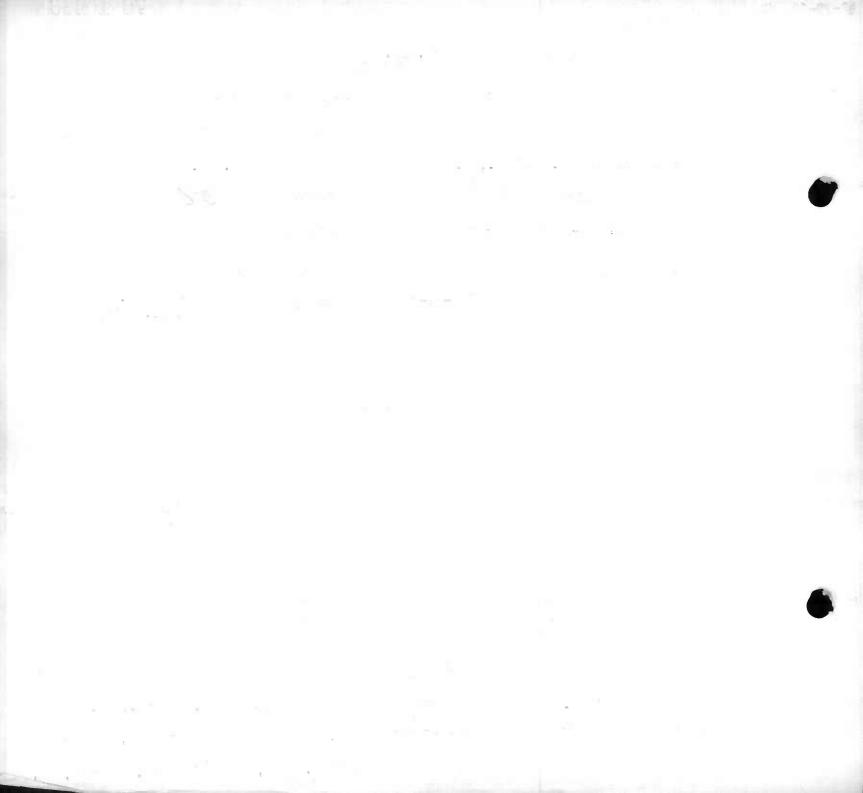
10/21/20

Commence of the

57-64-	05 db	6-262 70 10465 CERTIFICATE OF DEATH REG. NO. 70 10465
	and eath ased the Such	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	of deat Of deat Decease e on th	Type or MIRS. BESSIE BICKERS 10/23/70 12- P. M.
	ath ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
	hospi ise o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Maryland Baltimore COLYMPIAN INSIDE CITY LIMITS?
	to de to	HOSPITAL OR BALTIMORE CITY HOSPITALS C. CITY OR TOWN D. INSIDE CITY LIMITS? VES NO
	aus dus	4940 Eastern Avenue E. STREET AND NUMBER
	ed d	Baltimore, Md. 21224 8224 Bletzer Rd. 21222 005
19/20	ine ine ine ine	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
O *	occ nrtr reg ase ase	Female White WIDOWED DIVORCED 6-20-86 84 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	co lete	done during most of working life, even if retired)
	Jnd Jnd Is is	Housewife Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	www.	
Z	dis	William B Bruce 15. Wos Decessed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 4040 For Forman Avec Address
₹	ista he cinc dea ce c	(Yes, no or unknown) (If yes, give wor or dotes of service) No 10. SOCIAL SECURITY NO. BCH—Records Baltimore, Md. 21224
- X	d d and	18 CAUSE OF DEATH APPROXIMATE INTERVAL
IMPORTAN	o, i o, i nce	BETWEEN ONSET AND DEATH
Ξ	Also e of anti-	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CROWN & RESP. ARREST 2/1/8/5
	2.30.0	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,
S.	E E B E	injuly all complication which coused death.) ANTECEDENT CAUSES
5	A fr	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
IRECTOR:	3) (S ar	uise to the above cause (A) stoting the UNDERLYING CONDITION lost. (C)
۵	medical ledical e burns; (3 hysician in was i remains	II
AL	dica urns urns ysici was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
2	TE > C.O o	DISEASE OR CONDITION GIVEN IN PART 1 (A). U 1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
FUNER	a a Sod	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED COLOR IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
5	by by re phy fore	OR CONTRIBUTING CAUSE OF home form foctory street, office bldg. INJURY OCCUR?
	her che	DEATH (notify medical examiner)
	d by spin ture ture 6) h	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hos natu d (6)	(A PPROX.) While At Not While At Work
	pro the ny exc an	22. I certify that (1) (this hospital) attended the deceased from 19/17 19 to 10/23 1970.
	4 0 db	that (I) (we) last sow the deceosed olive on 10/23 19 70 and that in (my) (our) apinion death accurred on the date
	At _	and haur ond fram the causes stated obave. (1) (We) (did) (did nat) view the bady after death.
	3 40 0 0	23A/SIGNATURE 23B, DATE SIGNED Attending Med. Stoff Director Phys. Director Phys. Director Phys. Director Dir
	a to to	23C. PHYSICIAN'S 23D. ADDRESS
	was related A at a b prior to	NAME (Type) Ivers La Flore MD. BCH-4940 Eastern Ave. Balto., Md. 21224
		DEGREE
	+	REMOVAL (Specify)
	This cer the bod shows: was D.(decease	Burial Removal Oct. 26-1970 Riverview Cemetery Charlottsville, Va. (Albemarle 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This the bashow was deceived	007 26 1970 Policy Ch. C Ophn J. Dida 7922 Wise, Ave Dundalk 21221
		VS 150-REV. 1/1/68



C-462 70 10466		TE OF DEATH	REG. NO	10 T0300
I. NAME OF DECEASED (Type or Print) William	m Clark, Sr.		ID HOUR OF DEATH	- 110
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (Whe	23/20 re deceased lived, If insti	itution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		IIV. SIVIE OF COOM	ltimore ()	E CITY LIMITS?
Baltimore Cit	//	E. STREET AND NUMBER	***	YES NO X
5. SEX 6. RACE 7. MARRIED F	Md. 21224 NEVER MARRIED	6534 Sparrows		.219 005 II Under 1 Yr. , II Under 24 Hrs.
ale hite WIDOWED	DIVORCED	2_20_12	lost birthdoy	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if relired) Tractor Trailor - Self employ		11. BIRTHPLACE (Side or Gorei North Carolin	100	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1	
Joseph Clark		Hattie Re	ector	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) No	217-01-4520		4940 Eastern Baltimore, Md	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WI	(B)	SE AS CUA CONSEQUENCE OF: A CONSEQUENCE OF: 20A-AUTOPSYZ IYes of No.	ma de la companya de	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A THE STATE OF THE STATE
WAS PERFORMED		or obout 21 C WHERE DID ice bidg., INJURY OCCUR?	IN CERTIFYING CAUSE	S OF DEATH?
21D. TIME (Month) (Doy) (Year) (Hour) 21E I	NJURY OCCURRED Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	(We) (did) (did hat) vi	19and thatew the bady after death.	-	n death accurred an the date B. DATE SIGNED 1970
Kevin J. Hunt	MD DECREE	BCH- 4940 Easte	ern Ave. Bal	to., Md. 21224
Burial 10/27/70 Gar	dens of Faith	AATORY 24D. LO	CATION (City,	lown, or county) (Stole) lore, Maryland
OCT 26 1970 Page 258 NAME OF	REGISTRAR	John J. Duda		ADDRESS Te. Dundalk, Md.



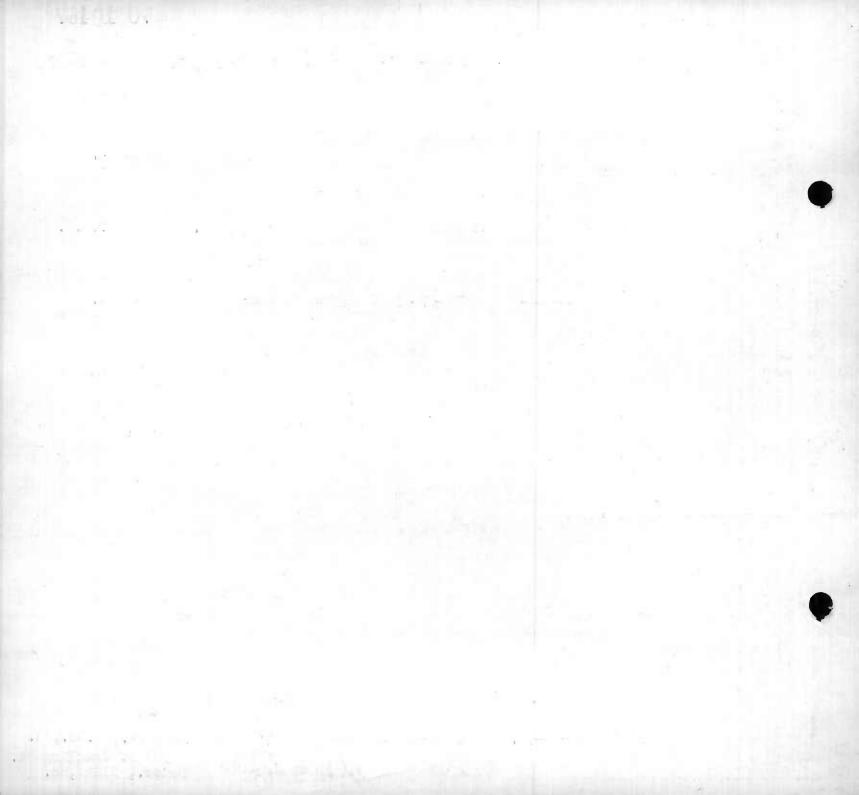
AN

MPORT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) EDWARD 1. PENNINGTON USUAL RESIDENCE (Where deceased fived. If institution: residence before admission B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? BALTIMORE YES A NO E. STREET AND NUMBER EUTAW S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. Manths! Days if Under 24 Hrs. lost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) CANTTOR OFEICES mo. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME ENNINGTON 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknawn) (If yes, give wor or dates of service) 6. SOCIAL SECURITY NO. W, W. IE 18. _ CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse IA) stoting the LEINB ANASTOMOTIC UNDERLYING CONDITION lost 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 20A- AUTOPSY? (Yes or No) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? BLEEDING 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimare City, give exact location) MEDICAL DEATH (notify medical exomined) 21 D. TIME OF INJURY (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) 22. I certify that (1) (this hospital) attended the deceased fram. that (1) (we) last saw the deceased office on. ond that In(my) (aur) opinion death accurred an the date and haur and from the couses stated obove. (1) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE 23 B. DATE SIGNED Attending | DEGREE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 10 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Y. (1/17) SHIN HONTAL OF SALTHARD THAT THE SET 2422 EDTAW FEHRE * FEB. 22, FEB. C.4 0493/V 15 Tolland the second second second the training the same of the s -1RE241 1/2 1/2 NEW 37/8 ALMOTOROTTO LEAK WEREN where is a source of the facility 2 1. 62 26 LE 1433 C-422 x (41 41 PAULINO CHANT A.D. STUAL POSTERS OF THE

	3-632 70 104	CU	TE OF DEATH	REG. NO.	0 10469			
1.1	NAME OF DECEASED (Pe or Print) SCHWARTZ, BETT			O 23 70	8:00 P			
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When	re deceased lived the inst	itutions residence before admission)			
FLH	JLL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	114	19-02 E CITY LIMITS?			
1	ST AGNES HOSPITAL		BALTIMORE		YES X NO			
P	WILKENS & CATON AVES.		E. STREET AND NUMBER 1517 RAMSEY ST-					
	FEMALE WHITE WIDO		9 8 26	44	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10/	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY			
	HSWF.	Teacher	WEST VA.		USA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	0 3 7			
	WILLIAM SHIPLEY		(HESS)					
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) lif yes, give war or dates of serv	1 6. SOCIAL	17. INFORMANT	DALTIM	ADDRESS			
1	NO NO		CT ACMES HO		DRE, MD.			
-	18. 1/60 × 1 × 1 × 1	CAUSE OF DEATH		DE WILKENS	& CATON AVES.			
	DISEASE OR CONDITION DIRECTLY			`	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (This does not meon the mode of dying,	LEADING TO DEATH						

	heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)		sive.					
	ANTECEDENT CAUSES	(B)						
	DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	A CONSEQUENCE OF:					
	11	040	rodella sele					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL	enelastaris		30 days			
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	NO	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED			
CALC	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, aff etc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(ii In Boltimore	City, give exact location)			
MEDI	21D-TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		URY OCCUR?				
	22, I certify that MX(this haspital) attended the deceased fram 9 18 19 70 to 10 23 19 70 that (i) X we) last saw the deceased alive an 10 23 19 70 and that in (MX) (aur) opinion death accurred on the date							
1	and hour and fram the causes stated abov			71 in (111)/ (001) opini	an death accorred on the date			
	23A. SIGNATURE	//	# - W - 1 -		3B. DATE SIGNED			
	Inalouss	DEGREE Phys.	ding Med. Director	Staff Phys.	10 23 70			
	23C-PHYSICIAN'S NAME (Type) ADOLFO ALONZO	2	ST AGNES HOSE	PALTO	MD			
24/		DEGREE C. NAME OF CEMETERY OF CRE	ST AGNES HOSE		town, or county) (State)			
		Paltimore National						
25/	, , -	WA OF REGISTRAR	25C. FUNERAL DIRECTOR	Baltimore,	ADDRESS			
L	DET 27 1910 Passed & de	10 0 0 C	25C. FUNERAL DIRECTOR	y Inc 1600 H	ollins St			
V\$	150-REV. 1/1/6B							

The second second AN TEN

24C. NAME of CEMETERY or CREMATORY

Baltimore National

258 NAME OF REGISTRAR

24D, LOCATION

Balto.

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

Md.

(Stote)

3218 Hudson

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DERT.

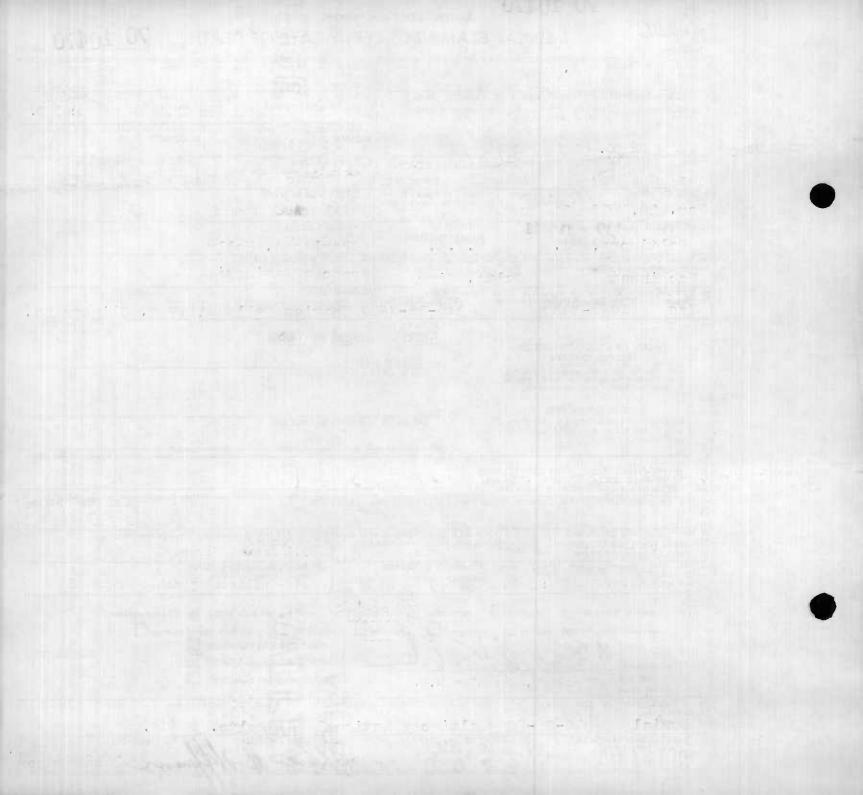
REMOVAL (Specify)

VS 151-REV. 1/1/68

Burial

24B. DATE

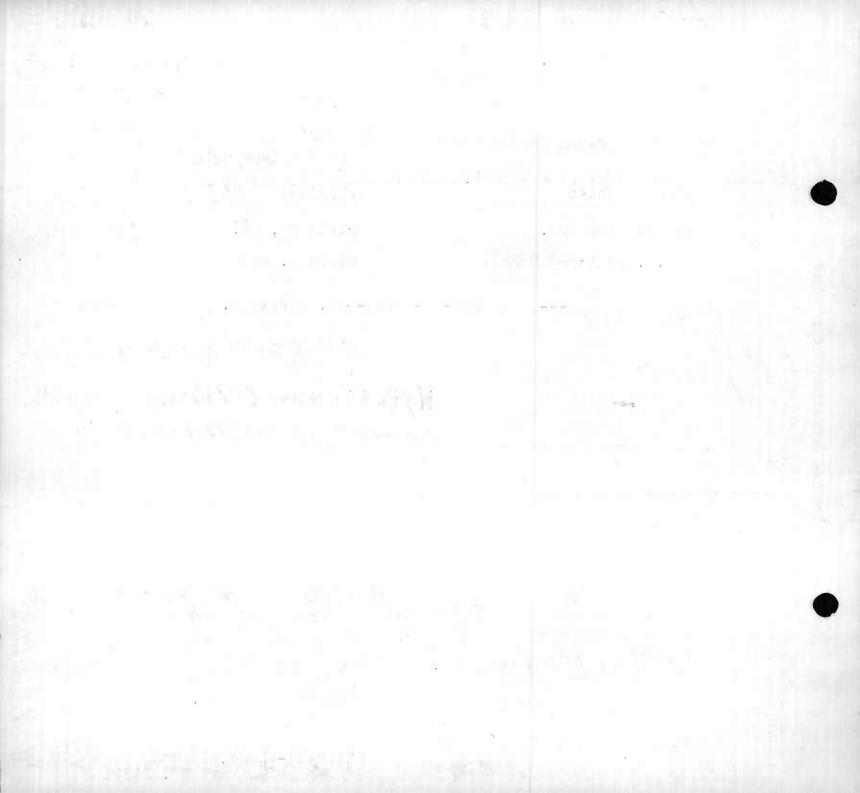
10-26-70



7-85-22 JD	325 70 10474	
and sed the	BIRTH NO. 70 10471 CERTIFICATE OF DEATH REG. NO. 70 10471	
death death seased on the	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	-
8 9 0 2	19199101 0-11/195 10/29/10	AP NA.
hosp ise (5) and dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION 4940 Eastern Ave.	mission)
cau cau	Baltimore City Hospitals Baltimore, Md. 21224 Baltimore Baltimore E. STREET AND NUMBER 3410 Toone Street	
tribunine gula	S CEY IV ALOR	24 Hee
OFFORN	Pemala Widowed Divorced 10/31/88 loss princey	Min.
or condete	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT CO	DUNTRY?
death t or c Under	House Keeper Waryland U.S.A.	
if de sot was was posid	13. FATHER'S NAME	
F 7.5	Robert Rose DAVIS	
2 0 0 0 0 -	15. Was Deceased Ever in U. S. Armed Farces? (Tes,no of unknown) Uf yes, give war of dotes of service) 16. SOCIAL SECURITY NO.	
IMPORTAN or his assistant Also, if the di e of any kind; hounced death attendance on med or final di	(16-s, no of unknown) of yes, give wer or doles of service) SECURITY NO. 214-51-266 BCH Records: Baltimore, Md. 21224	
BO any ced any ced	18. 4// 9 APPROXIMATE INT	ERVAL
R: IMPO ner or his a er. Also, if cture of any pronounced lar attenda	DISEASE OR CONDITION DIRECTLY	
TOR: IMI	LEADING TO DEATH	, -
0 2 2 2 2 2	(This does not mean the made of dying, e.g.,	43
miner. fractu o pro gular emba	heart foilure, osthenia, etc. It means the disease, injury at camplication which caused death.)	
0 :: 5 3 5	ANTECEDENT CAUSES	
xam xam cami A fr who regu	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:	10
= 000 = 0	I line in the applie const (W) 2 iding life	(
S ins	UNDERLYING CONDITION fast. (C)	*******
Medic dic www.me	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CONTRIBUTION GIVEN IN PART 1 (A).	Leny
hie sici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CALLSES OF DEATH?	
D O O O O O O O O O O O O O O O O O O O	U 21A, A CODENT WAS UNDERLYING 1 218 PLACE OF INTURY to a la schoul 21C WHEEE DES	
he ', 'e '	OR CONTRIBUTING CAUSE OF home, form, fociory, street, office bldg. INJURY OCCUR?	
proved by the hospital my nature; except whe and (6) No obtained be	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
y no	(APPROX.) While AI Net While C	
by y x by	22. I certify that (I) (this hospital) attended the deceased fram 10/23 19 20 to 10/24 19	70
0.00.00	that (1) (we) last saw the deceased alive an 10/24 19 70 and that in(my) (our) apinion death occurred on the	ha deta
0 0 0 5 5 71	and hour and fram the causes stated above. (1) (We) (did not) view the body after death.	16 0010
ust be assed dent deat deat	23 A SIGNATURE	
	Kevin J. Hunt M. Attending Med. Staff Director Phys. 1/2 4/3	
0 5 5 5	23C PHTSICIANS	0
was r An a L at p prior	Vasin T Line 1943	
certificat sody was 7s: (1) An D.O.A. at assed prio	areard as a subject to the Delit India Man	
E # 00 0 =	A A A A A A A A A A A A A A A A A A A	Stote)
bo od	Burial 10-28-70 Battiman Cemetery Balto. 7.	nd.
This certif the body shows: (1) was D.O./ deceased	25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
ドキャメウメ	DCT 27 1970 Paber E. Jaban M.D. Thelma a Hoffmann 3218 Need	confi
	VS 150-REV. 1/1/68	

West war to the second of the

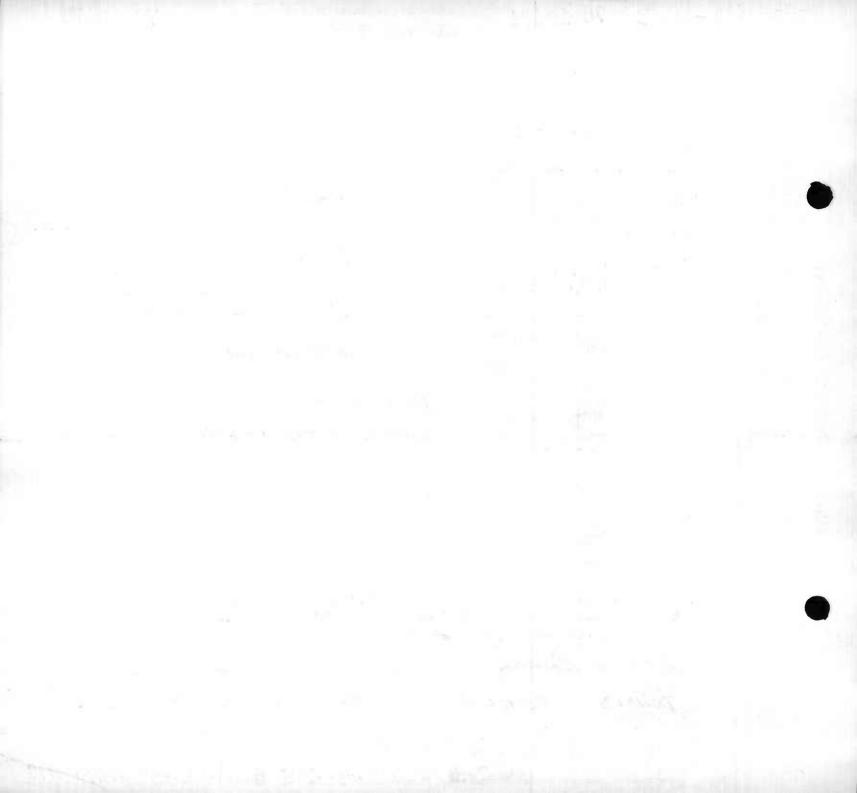
11 -	0 110	BALTIMORE C	ITY HEALTH DEPARTMENT	70 40450			
H-50.	0 10	10472 CERTIFIC	CATE OF DEATH REG. NO.	70 10472			
I. NAME OF DE	CEASED		2. DATE AND HOUR OF DEAT	Н			
(Type or Print)	EDGAR F	• HAHN	October 22,	1970 12:30 A M			
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, 1f	institution: residence before odmission)			
FULL NAME O	E (IE NOT IN HOSPI	TAL OF INSTITUTION CIVE STREET	Maryland	27-38			
HOSPITAL OR	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET		ISIDE CITY LIMITS?			
in sin silon			Baltim re	YES NO			
10 61	.05 Edlynn F	Road	E. STREET AND NUMBER				
00			6105 Edlynn Road				
5. SEX	6. RACE	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
Male	White	WIDOWED DIVORCED	7/27/1885 85				
		10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
	of working tite, even if retired)		Baltimore, Md.	USA			
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME	00			
.T. H	.Ferdinand	Hahn	Clara M. Cook				
	d Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS			
Yes, no or unknow	n) (If yes, give wor or da	tes of service) SECURITY NO.					
no		- 218-22-187	3A-Mrs. Carrie E. Hahn	(Same)			
1B. 4	2,21	CAUSE OF DE	АТН	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISE	ASE OR CONDITION D	IRECTLY	1101000000000	10.01			
(This does	LEADING TO DEATH	(A) IMMEDIATE (CAUSE CEREBRAL HROM	4:00513 6 NAYS			
heart failure	(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,						
injury or co	injury or complication which coused death.)						
	ANTECEDENT CAUSE	S (B)	ERTENSIVE C-VP, SI	EHSE YEARS,			
	OR CONDITIONS, if	ony, giving Det TD, OR	AS A CONSEQUENCE OF:	,			
	he obove couse (A) IG CONDITION lost.	sloting the (c) 197	EZIOSCIEIZOSIS GEMERI	ALIZED "			
	11						
	IFICANT CONDITIONS CO						
V DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA						
	F OPERATION 198. CO	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	RE FINDINGS CONSIDERED			
EN O			W SERII III O	CAUSES OF BEAM.			
OR CONTRI	ENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.	g., in or about 21C. WHERE DID (If in Bollin office bldg., INJURY OCCUR?	nore City, give exocl location)			
	fy medical examiner)	etc.)					
O 21 D. TIME	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY		While At Not V	Vhile				
20 1	Work At Work L						
				ag. 22, 1970			
	1		19.70 ond that in (my) (dur) a	pinion death accurred on the dat			
		oted obove. (I) (We) (did) (disknot	t) view the body after death.				
23A SIGNAT	URE	0 0 5		23B, DATE SIGNED			
un	then fa	of Sten W D DEGREE	Attending Med. Staff Phys.	10/23/70			
23C. PHYSICI	AN'S (Type)		23D. ADDRESS	7			
11/2/11		arfain	1532 Havenwood Rd.				
24A. BURIAL CE REMOVAL		24C. NAME of CEMETERY of	REE	(City, town, or county) (State)			
		/70 T - 1 - 7	0				
Burial 25A. DATE REC'	D BY HEALTH DEPT.	/70 Loudon Park	Cem Balto	ADDRESS			
OCT 27	1970 Hobert E	Navoen 11 1	Mirrouerr-Areaerera H	lome			
OG! N		1 1	0 9 4 56500 York Rd	. 21212			



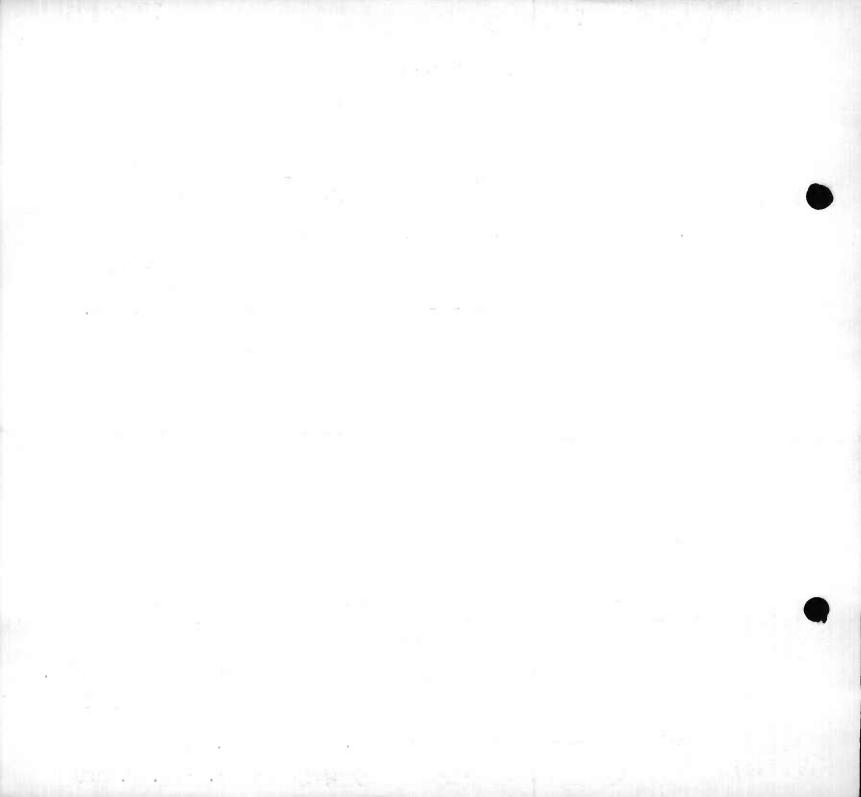
C - property and the supplemental and the second AND PRESENTED THE STREET STREET IN A Addition of the State Stand in the stand

. The second sec

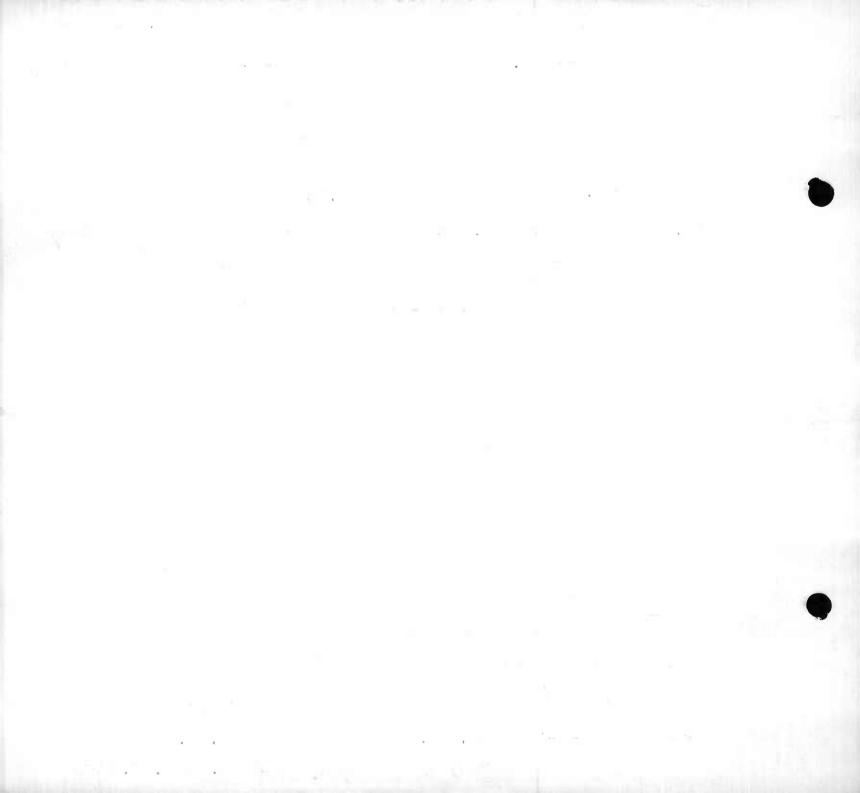
THE PARTY NAMED AND PARTY OF THE PARTY OF TH



W-di	4	/// 103	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 10475
KIPTH AIO	00	70 104	CERTIFICA	ATE OF DEATH	REG. NO	20270
I. NAME OF D	DECEASED				ND HOUR OF DEATH	
(Type ar Print)	K	Imis 1	D. WISEMAN	Oct	- 21 190	1 1 45 1.
3. PLACE IN E	BALTIMORE, M	ARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceosed lived. If in	astitution: residence before admission
FULL NAME OF HOSPITAL OR	OF (IF NO	T IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARY LAND -	Ballana	27-41
L	INION	Memor	IAI HOSP.	BALTIMOTE E. STREET AND NUMBER		YES NO
4-	f-			4122 ST.	Thomas	Ave,
s. sexMale/	6. RACE	WID.	RRIED NEVER MARRIED DIVORCED	7 /09 /02	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
toA, USUAL OC	CCUPATION (G	ve kind of work 108, KI	NO OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or for	reign country)	12 CITIZEN OF WHAT COUNTRY
Ret.	or working are, e		m,Cork & Seal	Virginia		USA
3. FATHER'S N	NAME			14. MOTHER'S MAIDEN NA	ME	
	W	alter Wis	seman		Mary A	rmendrout
5. Was Deceas	sed Ever in U.	S. Armed Farces? e war ar dales of se	II 6. SOCIAL	17. INFORMANT	J	ADDRESS
No			215-09-6738	Mrs Rose Wisem	an 1122 St. T	homas Awa
18. 5 2	11	1	CAUSE OF DEA		dir dies Do 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart failur injury ar c	aslhenia, e amplicalian w ANTECEDEI	ne made of dying, Ic. II means the di hich caused death, NT CAUSES TIONS, if any, cause (A) stating ON last.	giving (B) DUE TO, OR A	A CONSEQUENCE OF: ON FARMED JUNIOUS S A CONSEQUENCE OF:	certur of	7 21 + 1 / 4 . S
OTHER SIGN TO THE DE	NIFICANT CON ATH BUT NOT I	DITIONS CONTRIBU RELATED TO THE TERM BIVEN IN PART 1 (A). 1 198. CONDITION WAS PERFORMEN	FOR WHICH OPERATION	20A. AUTOPSYTTES or N	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
UNDERLYI OTHER SIGN TO THE DE DISEASE OR 19A. DATE 21A. ACCIE OR CONTR DEATH Indi	NIFICANT CON ATH BUT NOT I	RELATED TO THE TERM DIVEN IN PART 1 (A). 198. CONDITION WAS PERFORMEN IDERLYING	FOR WHICH OPERATION	in or about 21C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? • City, give exact location)
UNDERLYI OTHER SIGN TO THE DE DISEASE OR 19A. DATE 21A. ACCIL OR CONTR	NIFICANT CON ATH BUT NOTI R CONDITION C OF OPERATION DENT WAS UN BUTING CA tify medical exc	RELATED TO THE TERM DIVEN IN PART 1 (A). 198. CONDITION WAS PERFORMEN IDERLYING	FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)	in or about 21C, WHERE DID office bidg, NJURY OCCUR? 21F, HOW DID IN.	IN CERTIFYING CAI	USES OF DEATH?
UNDERLYI OTHER SIGN TO THE DE DISEASE OF 19A. DATE OF CONTR DEATH Indi OF INJURY (APPROX.) 22. I certi that (1) (ar	NIFICANT CON ATH BUT NOTI R CONDITION C OF OPERATION DENT WAS UN BEUTING CA lify medical exc (Manth) (I) fy that (1) (th	RELATED TO THE TERM SILVEN IN PART 1 (A). I 198. CONDITION WAS PERFORMED IDERLYING USE OF IDERLYING Day) (Year) (Haur Its hospital) after the deceased alive	218. PLACE OF INJURY (e.g., hame, form, factory, street of etc.) 218. PLACE OF INJURY (e.g., hame, form, factory, street of etc.) 218. INJURY OCCURRED While At Not White At Work ided the deceased from	in or about 21C. WHERE DID inflice bidg., INJURY OCCUR? 21F. HOW DID IN. 18 70 and t	JURY OCCUR?	uses OF DEATH? e City, give exact location)
UNDERLYI OTHER SIGN TO THE DE DISEASE OR 19A. DATE OR CONTR DEATH Indi 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (ar and haur c	NIFICANT CON ATH BUT NOTI R CONDITION C OF OPERATION DENT WAS UN BUTING CA lify medical exc (Manth) (I) fy that (1) (the	RELATED TO THE TERM SILVEN IN PART 1 (A). I 198. CONDITION WAS PERFORMED IDERLYING USE OF IDERLYING Day) (Year) (Haur Its hospital) after the deceased alive	FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) 21 E. INJURY OCCURRED While At Not While At Wark ded the deceased fram	in or about 21C. WHERE DID inflice bidg., INJURY OCCUR? 21F. HOW DID IN. 18 70 and t	JURY OCCUR?	USES OF DEATH? City, give exact location) 19 70 Inlan death accurred an the date
UNDERLYI OTHER SIGN TO THE DE DISEASE OR 19A. DATE OR CONTR DEATH Indi OF INJURY (APPROX.) 22. I certi that (I) (and haur of 23A. SIGNA	NIFICANT CON EATH BUT NOTICE CONDITION CO OF OPERATION DENT WAS UN BUTING CA tify medical exc (Manth) (th ty that (t) (th call last saw th that the call	RELATED TO THE TERM SILVEN IN PART 1 (A). 1 198. CONDITION WAS PERFORME! IDERLYING (USE OF Immine) Day) (Yeon (Haunals hospital) atternable deceased aliveauses stated about the courses stated about the course sta	FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not While At Work Ided the deceased from	in or about 21C. WHERE DID inflice bidg., INJURY OCCUR? 21F. HOW DID IN. 18 70 and t	JURY OCCUR?	USES OF DEATH? e City, give exact location)
UNDERLYI OTHER SIGN TO THE DE DISEASE OR 19A. DATE OR CONTR DEATH Indi 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (ar and haur c	NIFICANT CON EATH BUT NOTICE CONDITION CO OF OPERATION DENT WAS UN BUTING CA tify medical exc (Manth) (th ty that (t) (th call last saw th that the call	RELATED TO THE TERM SILVEN IN PART 1 (A). 1 198. CONDITION WAS PERFORME! IDERLYING (USE OF Immine) Day) (Yeon (Haunals hospital) atternable deceased aliveauses stated about the courses stated about the course sta	FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) 21 E. INJURY OCCURRED While At Not White At Work Ided the deceased fram ove. (I) (He) (did) (did not) While At Mork At Work At	in or about 21C. WHERE DID stiffice bidg., INJURY OCCUR? 21F. HOW DID IN. 19 70 and the state of the state	(If In Ballimor	USES OF DEATH? e City, give exact location) 19 70 nlan death accurred an the data 238, DATE SIGNED 10/21/70 •
UNDERLYI OTHER SIGN TO THE DE DISEASE OR 19A. DATE OR CONTR DEATH Indi OF INJURY (APPROX.) 22. I certi that (I) (ar and haur c 23A. SIGN A 23C. PHYSIC NAME	NIFICANT CON ATH BUT NOTICE CONDITION CO OF OPERATION DENT WAS UN BUTING CA tify medical exc (Manth) (th ty that (th) (th ty that (th) (th ty that (th) (th ty that (th) (th) CIAN'S (Type)	RELATED TO THE TERM SILVEN IN PART 1 (A). 1 198. CONDITION WAS PERFORME! USE OF sminer) Day) (Year) (Hauri he deceased allow causes stated about the course of the cour	FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not While At Work Ided the deceased from	in or about 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID IN. 19 70 and the state of the bidy after death. and many Med., Director 22D. ADDRESS UNION	IN CERTIFYING CAI (If In Bollimor JURY OCCUR? 19 70 to 0 that in (my) (**) apli Shaff Phys. Memorial	USES OF DEATH? City, give exact location) 19 70 Inlan death accurred an the date 10/21/70 •
UNDERLYI OTHER SIGN TO THE DE DISEASE OR 19A-DATE OF CONTR DEATH Indi OF INJURY (APPROX.) 22. I certi that (I) (and haur of 23A. SIGNA	NIFICANT CON EATH BUT NOTI R CONDITION CO OF OPERATION DENT WAS UN BUTING CA tify medical exc (Manth) (i) fy that (f) (th ex) last saw the action of the condition of the condi	RELATED TO THE TERM SILVEN IN PART 1 (A). 1 198. CONDITION WAS PERFORME! USE OF sminer) Day) (Year) (Hauri he deceased allow causes stated about the course of the cour	TOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., hame, form, foctory, street, cetc.) 21 E. INJURY OCCURRED While At Not White At Work Ided the deceased from the an over (I) (Wie) (did) (did not) Walls (II) (Wie) (did) (did not)	in or about 21C. WHERE DID stiffice bidg., INJURY OCCUR? 21F. HOW DID IN. 19	IN CERTIFYING CAI (If In Bollimor JURY OCCUR? 19 70 to 0 that in (my) (**) apli Shaff Phys. Memorial	USES OF DEATH? City, give exact location) 19 70 Inlan death accurred an the date 238, DATE SIGNED 10/21/70. Hospital
UNDERLYI OTHER SIGN TO THE DE DISEASE OR 179A-DATE OR CONTR DEATH Indi CAPPROX.) 21D-TIME OF INJURY (APPROX.) 22. I certi that (I) (and haur of 23A-SIGNA 23C-PHYSIC NAME BURIAL C REMOVAL BURIAL C	NIFICANT CON EATH BUT NOTI R CONDITION CO OF OPERATION DENT WAS UN BUTING CA tify medical exc (Manth) (i) fy that (f) (th ex) last saw the action of the condition of the condi	RELATED TO THE TERM SILVEN IN PART 1 (A). I 198. CONDITION WAS PERFORMED USE OF Imminer) Day) (Year) (Haurals he deceased alive causes stated about 198. DATE 18. DATE 19. CALL-70	FOR WHICH OPERATION 21 R. PLACE OF INJURY (e.g., hame, form, factory, street, etc.) 21 E. INJURY OCCURRED While At Not White At Work Ided the deceased fram Ove. (I) (We) (did) (did not) Physical Market of Cardens of Faith AME OF REGISTRAR	in or about 21C. WHERE DID stiffice bidg., INJURY OCCUR? 21F. HOW DID IN. 19	IN CERTIFYING CAI (If In Bollimor JURY OCCUR? 19 70 to 0 hat in (my) (own) apli Staff Phys. 9 Memorial OCATION (Cit Balto. Md.	USES OF DEATH? City, give exact location) 19 70 Inlan death accurred an the date 238, DATE SIGNED 10/21/70. Hospital



•	1	ba. c		BALTIMORE CITY	HEALTH DEPARTMENT			
7	-260	70 :	1047	7.0	TE OF DEATH		70	10476
	RTH NO.			CERTIFICA				
(Τ ₎	pe or Print) Walt	er W Fager	Sr.			AND HOUR OF DEAT	Н	6.20
3.	PLACE IN BALTIM	DRE MARYLAND,	WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution;	residence before admission)
					A. STATE B. CO	TINU)	
H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	ATION	NSTITUTION, GIVE STREET	Marylar c. CITY OR TOWN		Ø	7-35
"	3111011014					D. II	VEC 5	
1	3110 Nor	thern Park	wav		Baltimore E. STREET AND NUMBER	?	YES T	NO L
1					3110 Norther	n Parkway		
5.	SEX 6. R	ACE	7- MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Unde	er 1 Yr If Under 24 Hrs.
		Cauc.	WIDO	WED DIVORCED	Sept.12,1888	last birthday) 82	Months	Doys Haurs Min.
10/	A. USUAL OCCUPAT	ION (Give kind of wor	k 108. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign countryl	12. CIT	IZEN OF WHAT COUNTRY?
11	Ret.Collec		es T	ept. Stores	Maryland			USA
	FATHER'S NAME			op of b tolob	14. MOTHER'S MAIDEN	NAME		- Our
	William He	nry Fager			Elizabeth S	Silversohn		
15.	Was Deceased Ever s, no or unknown) (If y	in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
(Te	NO NO	es, give wor ar dol	es of serv		Mng Sue Feren	2110 Nam+h	own Dec	
-	18. // / /	0 11 0		CAUSE OF DEAT	Mrs Sue Fager	STIC MOLCIN	arn rai	
	7/01	R CONDITION DI	PECTIV	A		1 + 1	, '	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DING TO DEATH	WEGIE!	170010	Myreadu	1 InfARCI	1021	Houro.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,							
	injury ar complice	lion which caused	death.)	1054,			- 1	
	ANTI	CEDENT CAUSES		401				
	DISEASES OR	CONDITIONS, if	any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING CO	NDITION lost	slaling	(C)				
		II				****************		
NO	OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTI	NG /),0/0	tes Melli	to a		44RS.
ATI	TO THE DEATH BU	TION GIVEN IN PAR	T 1 (A).	***************************************	09 11(111	107		1463,
CERTIFICATION	19A. DATE OF OPE	RATION 198 CON	DITION	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WER	E FINDINGS	CONSIDERED DEATH?
ERI	21A ACCIDENT W	AS UNDERLYING						
	21 A. ACCIDENT W	CAUSE OF	J	21 B. PLACE OF INJURY (e.g., ir hame, form, factory, street, af	i or obout 21 C. WHERE DID	(11 In Boltim	ore Clly, giv	re exoct locotion)
MEDICAL	DEATH (natify med			etc.)				
MEC	OF INJURY	nth) (Day) (Year)	(Hous)	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
	(APPROX.)			While At Not While At Work	· 🗆			
	22. I certify that	(I) (th is hospita) attend	ed the deceased fram	Juny. 15	19 60 to 0	cr.21	1970
	that (1) (ym) last				10			th accurred an the date
	and have and fra	m the causes sta	ted abov	e. (1) (We) (did) (did not) vi				
	23A-SIGNATURE	, 1/	1				23B, DAT	TE SIGNED
	alkeit.	1. Hemel	Par		Med. Director	Shaff Phys.		
	23C. PHYSICIAN'S NAME (Type)	. 1	1	DEGREE	3D. ADDRESS	1		-
	Alber	2T.1. H	IM	EL FADR	222 (1).	(HA SOD)	NE	/Aun 21210
24#	REMOVAL (Specif	ON, 24B. DATE		C. NAME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, o	or county) (Stole)
	Burial	10-24-	70	Balto. Cem.		Balto. Md.		The same of the sa
-	DATE REC'D BY		258. NA	ME-OF REGISTRAR	25C. FUNERAL DIRECTO			ADDRESS
	001277	3/U V65er	C 18	Letter Bar O	Legnard J. Ru		to . Md	
VS	150-REV. 1/1/68				47 - 7	У		



G-600 70 1	0477 BALTIMORE CITY	HEALTH DEPARTMENT		70 10477			
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO				
1. NAME OF DECEASED (Type or Print)		2. DATE AN	ID HOUR OF DEATH				
EARL E. Gi	RAY, SR.	Oct	20,1970	0 1915 0			
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If insti	tution: residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION)	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION			COTY LIMITS?			
Lenion Memoria	the sp.	E. STREET AND NUMBER		YES NO			
5. SEX 6. RACE 7.	MARRIER	6/2 Gut Me					
m Care	WIDOWED DIVORCED	+ 136 120	2000	II Under 1 Yr. II Under 24 H Manths Doys Haurs Min.			
10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Slote or lore		12. CITIZEN OF WHAT COUNT			
RKKKKKKKKK Mecha	anic MTA	Maryla	nd	USA			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		OON			
George Gra	ay			Elliott			
5. Was Deceased Ever in U. S. Armod Farces Yas, na or unknown) (If yas, give war or dales of	of service) 1 6. SOCIAL	17. INFORMANT		ADDRESS			
No	217-09-4762	Mrs. Cora Gr	ау	(Same)			
18. 477 21	CAUSE OF DEATH			APPROXIMATE INTERVAL			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any ise to the above cause (A) st UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTI	(c)	A CONSEQUENCE OF:	У, S				
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART I 179A. DATE OF OPERATION 179B. CONDIT WAS PERFOR	TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (natify medical axamine)	21B. PLACE OF INJURY (e.g., in home, farm, foclary, streat affi	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	(If In Baltimare C	ity, give exact (acollon)			
21 D. TIME (Month) (Day) (Year) (I OF INJURY (APPROX)	21 F. HOW DID INJU	RY OCCUR?					
			70 to 100	1 30 10 000			
22. I certify that (1) (this hospital) o	22. I certify that (I) (this hespital) attended the deceased from OF 20 19 70 to OF 20 that (I) (me) last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and that in (my) found and in the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the deceased oilye on OF 20 19 70 and the last saw the last saw the last saw the last saw the						
22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased of	plive on Oct 20						
that (i) (we) last saw the deceased of	olive on OCF 20	19 70 and the					
22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased of and hour and from the causes stated 23A. SIGNATURE	olive on OCF 20	19 70 and the	t in (my) (our) opinio	n deoth occurred on the do			
ond hour and from the couses stated	above. (1) (We) (did) (dident) via	19 70 and the	t in (my) (our) opinio	n death occurred on the do			
that (1) (we) last saw the deceased a and hour and from the causes stated	above. (1) (We) (did) (did not) vid	and the body ofter deoth. ding Med. Director St.	t in (my) (our) opinion	n deeth occurred on the do B. DATE SIGNED LCY 20, 1970			
ond hour ond from the couses stoted 23A- SIGNATURE 23C-PHYSICIAN'S NAME (Type)	above. (1) (44e) (did) (didmat) vid	ding Med. Director Director Union	t in (my) (our) opinio	n deeth occurred on the do B. DATE SIGNED LCY 20, 1970			
ond hour ond from the couses stoted 23A. SIGNATURE	above. (1) (Ne) (did) (dident) vide (Me) (did) (dident) vide (Me) (did) (dident) vide (Me) (did) (dident) vide (Me) (did) (d	ding Med. Director D. ADDRESS Union	in(my) (our) opinion indfinitys. Nemorial	n death occurred on the do B. DATE SIGNED ACY ZO, 1970 Hospital own, or county) (State)			
that (I) (we) last saw the deceosed on hour ond from the couses stoted 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) DUTIAL 10/24/	above. (1) (Ne) (did) (dident) vide (Me) (did) (dident) vide (Me) (did) (dident) vide (Me) (did) (dident) vide (Me) (did) (d	med. Director Director Union AATORY Cemetery 25C. FUNERAL DIRECTOR	t in (my) (our) opinion in the state of the	n death occurred on the do B. DATE SIGNED ACY ZO, 1970 Hospital own, or caunty) (State) ADDRESS			

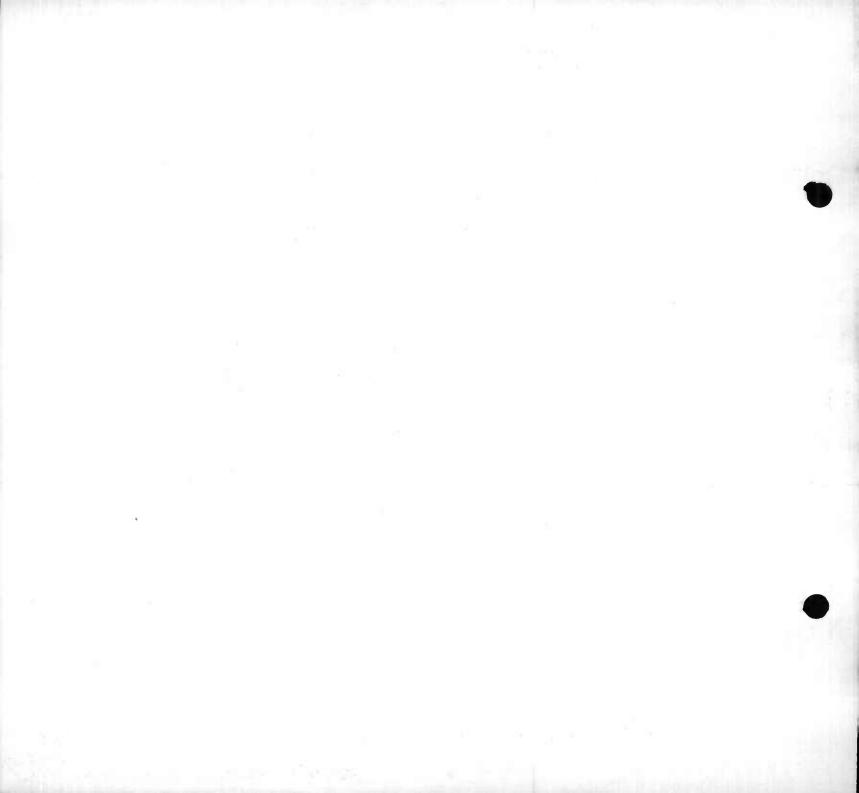


V-522 70 10478 BALTIMORE CIT	TY HEALTH DEPARTMENT 50 40 4510
DIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 70 10478
	2. DATE AND HOUR OF DEATH
1 ankowski soosyak xab	K 10-21-70 16 00 ES 1m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maruland 27-58
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
North Charles General Hospital	E. STREET AND NUMBER
The City of Controller (105) 11/10	1202 Woodhourne Que 2/2/4
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if relired)	IN 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
housew) Ge	Poland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Warminski, Peter	Promislavia
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Bronislawa ? 17. INFORMANT Mr John C Yanson ADDRESS
(res, no of unknown) (if yes, give war or dates of service) SECURITY NO.	Mr John C Yanson 1900 Northbourne Rd
18. 4/0 9 CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	JUSE ACUTE MYOCARDIA TAILURE
i neon foliure, osmenio, etc. il meons me diseose,	S A CONSEQUENCE OF
injury or complication which caused death.	Cressivie Mydesadial
ANTECEDENT CAUSES (B)	INTORILIN
DISEASES OR CONDITIONS, il ony, giving DUE TO, OR A	S A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	GRANARY ARICRY PISCAGE
z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 12 TO THE PLACE OF INTERPLYING 12 TO THE PLACE OF I	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	in or obout 21 C. WHERE DID (If In Ballimare City, give exact location) office bidg, INJURY OCCUR?
DEATH (notify medical examine) etc.)	
DEATH (notify medical examines) etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Wh	
22. I certify that (1) (this haspital) attended the deceased from	16-20-70 19 to 10-21-70 19
that (1) (ve) last saw the deceased alive on 100 1-7	O 19 ond that In (my) (aur) apinian death occurred an the date
and haur and fram the causes stated above. (1) (Ve) (dld) (dld not)	
23A. SIGNATURE	23B, DATE SIGNED
DEGREE	ending Med. Staff 10-21-70
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
DECORE	2129 N. Chas ST.
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMETERY OF CREMETE	REMATORY 24D. LOCATION (City, town, or county) (Stotel
Burial 1025/70 Moreland Mem	.Park Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25E, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
0 0 0	O Leonard J Ruck Inc. Baltimore, Md
VS 150-REV. 1/1/68	

IMPORTANT

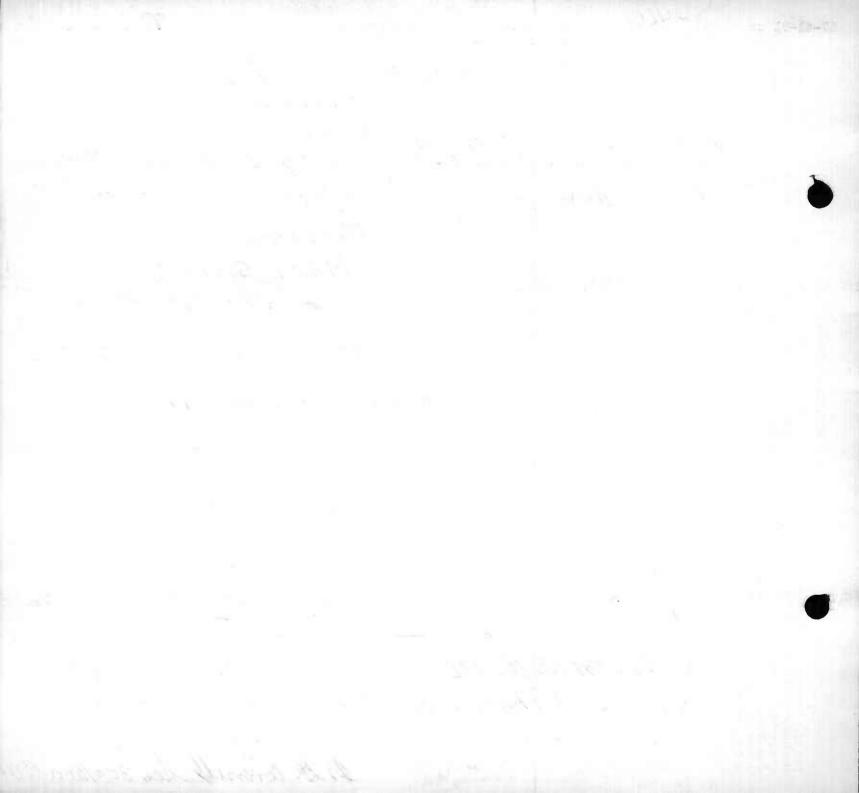
FUNERAL DIRECTOR:

V ada ma	BALTIMORE CITY	HEALTH DEPARTMENT		MALA .	
V-240 70 10479	CERTIFICA	TE OF DEATH	REG. NO	70 1	0479
I. NAME OF DECEASED TE O	VACHAL		D HOUR OF DEATH		
1Type or Print)		10.24	.70: 3.30	A.M.	м.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE		4. USUAL RESIDENCE IWhen A. STATE B. COUN MOUNT	e decrased lived. If i TY	nstitution: lesi	dence belore odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION) INSTITUTION		C, CITY OR TOWN	D INS	SIDE CITY LIM	152
Church Home And Ho	shitel	Baltimore		YES D	No 🗆
CWMM HOTTE THE	7.01	E. STREET AND NUMBER 2233 Pen	1- 00	,	
5. SEX 6. RACE 7. AAAB	RIED NEVER MARRIED		9. AGE (In years	If Under 1	Yr tl Under 24 Hrs.
⊢ WiDo	WED DIVORCED	3.28.99	lost birthdoy)	Months D	oys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired) House wife	D OF BUSINESS OR INDUSTRY	Marylem	1	12. CITIZEN	Merical
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAA	AE		
Joseph Kozak		Am	a		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
no	216/80951	PA AME	ZMTA	CM H	USP BALTE
18. 44 40 11	CAUSE OF DEAT				APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Cordial ors	001-	100	THE CHARLES DEATH
1This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	ISE Cardial ar	<i>451</i>	***************************************	
heart laiture, asthenia, etc. It means the disc injury or complication which caused death.)	eose,	n'ulai Exbey	went		
ANTECEDENT CAUSES	O era,	award oxing	451000).		
DISEASES OR CONDITIONS, if any, gi	ving (8)	A CONSEQUENCE OF:	***********		
rise to the above couse IA) stating UNDERLYING CONDITION tost.	the (c) April	rio Elerosis			
11	(C/				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG Cholen	intomy to	ramorge		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMS DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	1	<u>0</u>		
WAS PERFORMED	1 8 11 /2- 20/03	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CO	ONSIDERED ATH?
U 121 A. ACCIDENT WAS HINDERLYING	21B PLACE OF INJURY (e.g., I		(If In Rollimo	re City, give e	unal lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bidg., INJURY OCCUR?	ht itt potitimo	re City, give e	xaci tocotion;
21D-TIME (Month) IDoy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
(APPROX)	While At Work Not While At Work				
22. I certify that (1) (this hospital) attend	ed the deceased from 10	14.70	9toQ	.24.3	e 19 76
that (1) (we) lost sow the deceased alive	on 10 23 70	19and the	it In(my) (aur) apl	nion death	occurred an the date
and hour and from the causes stated above	re. (1) (We) (did) (did nat) v	lew the bady after death.			
23A. SIGNATURE				238. DATE S	
The law of	DEGREE Phys		Staff Phys.	10-1	24-70
23C. PHYSICIAM'S NAME (Type) A. MEHTA		CHUIZEM HO	MEX HUPS	o. BAZ,	TO MD 21231
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL ISpecify)	C.NAME OF CEMETERY OF CRE			ity, town, or c	ounty) (Stote)
Burial 10-27-70/	nost Holy of	edeemer	Balto.		md.
OCT 27 1970 Laber E. Jan	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Crack 1	211 Ch.	ADDRESS Balto. 3
VS 150-REV. 1/1/68			7.	-//	

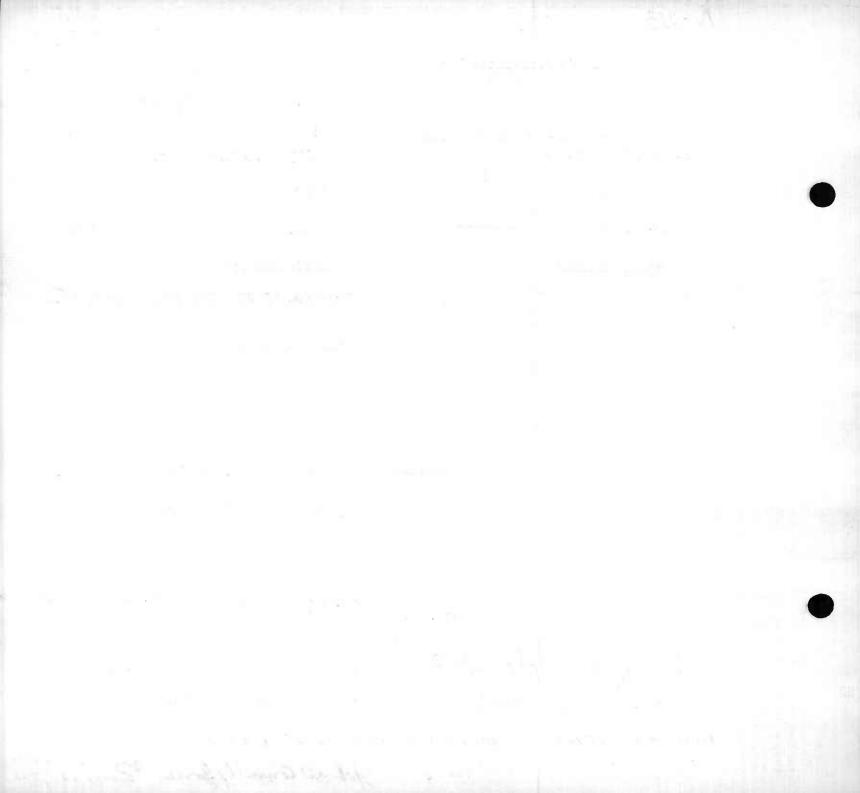


Persone Perpor EAR EAR EAR STATE WHITE MAN

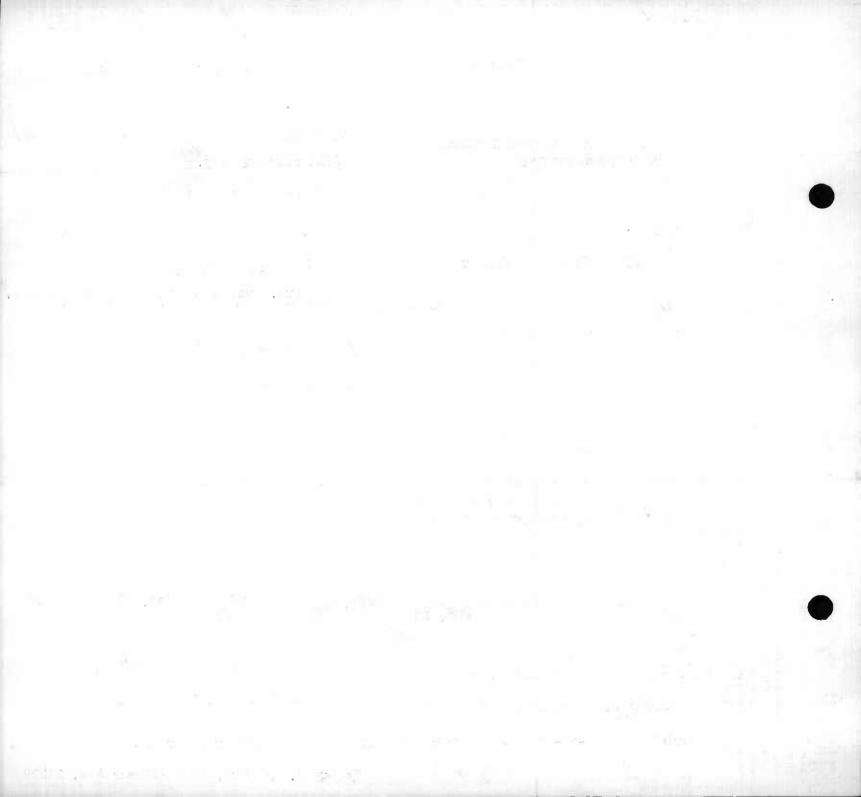
VS 150-REV. 1/1/68



	N-213	70 104	182	BALTIMORE CITY CERTIFICA			REG. NO	70	10482
1.	NAME OF DECEASED			GERTIN TO			ND HOUR OF DEATH		
(1)	ype or Print)	delaide W	inifrie	ede Nesbit			Oct. 20, 19		8 Pm.
3.							re deceased lived. If i	nstilution	residence before admission)
FIN	JLL NAME OF (IF OSPITAL OR A)	NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		d.	BA	LTO SIDE CITY	
R.	VS Public 3100 Wyma			Hospital	E. STREET ANI	timore NUMBER	ladelphia H	YES [NOL
5.	SEX 6. RAC						-		
	F	W	WIDOWED		8. DATE OF BIR 9/12/	19	9. AGE (In years lost birthday) 51	Month	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
do	ne during most of working I Housewi	ite, even if refired)	GIOR KIND OF	F RUSINESS OR INDUSTRY		(State or fore	ign country)	12. CI	TIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME		
	August	Clemens			Ch	ristina	a Barth		
15. (Ye	Wos Deceased Ever in s, no or unknown) (If yes, NO	U. S. Armed For give wor or date	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Recor	ds- US	PHS Hospi	tal,	ADDRESS Balto, Md.
	18. 4	(1//7	4X	CAUSE OF DEATH	1				APPROXIMATE INTERVAL
		ONDITION DI	RECTLY		Pulmo	nary en	nholi		BETWEEN ONSET AND DEATH
	This does not mea	n the made at	dving. e.c.	(A) IMMEDIATE CAU	SE		HOOTT		Minutes
	heart failure, asthenic	a elc. Il means	the disease.	DUE 10, OR AS	CONSEQUENC	OF:			
		DENT CAUSES	4001110						
	DISEASES OR COL	NDITIONS, II	any, giving	(B)DUE TO, OR AS	A CONSEQUENC	E OF:			
	rise to the abay	e couse (A)	stating the						
	-	11		(c)		******************			
CATION	OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION	ONDITIONS COLOT RELATED TO THE ORIVEN IN PART	E TERMINAL	*************	adenoca	rcinoma	rt. breast	t	2 yrs.
ERTIFI	19A-DATE OF OPERAT	ION 198 CON	ORMED	WHICH OPERATION	20A. AUTOPS yes	Y? (Yes or No	208 IF YES, WERE IN CERTIFYING CA	FINDING USES OF	S CONSIDERED DEATH?
CALC	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF examiner	21 B. hom elcJ	PLACE OF INJURY (e.g., in e, farm, factory, street, off	or obout 21 C. Wice bldg., INJURY	HERE DID	(If In Boltimo	re City, gi	Ive exact location)
MEDI	21 D. TIME (Month) OF INJURY (APPROX)	(Doy) (Year)		INJURY OCCURRED Not While At Work		UNI DID WO	URY OCCUR?		
	22. I certify that (1)	fihis hospital		he deceosed from	Sept 20	•	9 70 to 0	oct.	20 70 -
	that (1) (we) lost so	w the decease	d alive on	Oct. 20	1970	and the	1.4		oth occurred on the dote
	and hour and from t	he causes stat	ed above. (I) (We) (did) (did het) vi	ew the bady a	fter death.			
	23A SIGNATURE	0/	1.00	4.0	··		e. « —		TE SIGNED
	Z3C. PHYSICIAN'S	1. 1	too	DEGREE Phys.		ed.	Staff Phys. 3	1	.0/21/70
	NAME (Type)	aldmen C	\		US PHS HO	ospital	, Balto, Md		
24 <i>A</i>	Gary E. F BURIAL CREMATION REMOVAL (Specify)	eldman, S		ME of CEMETERY OF CRE					or county) (State)
25.4	BUNIAL	10/241	70 M	ORELAND I	MEM. PA	RK. B	ALTO,		MD,
ZOP	OPT 97 10	TIO Robert	E Za	F REGISTRAR	25C. FUNERA	D Boul	olly de	. 3	ADDRESS are are
VS	150-REV. 1/f/6B	A CONTRACT			gomes	N WE WE	me of ide so	4	2 sset , 21, ma



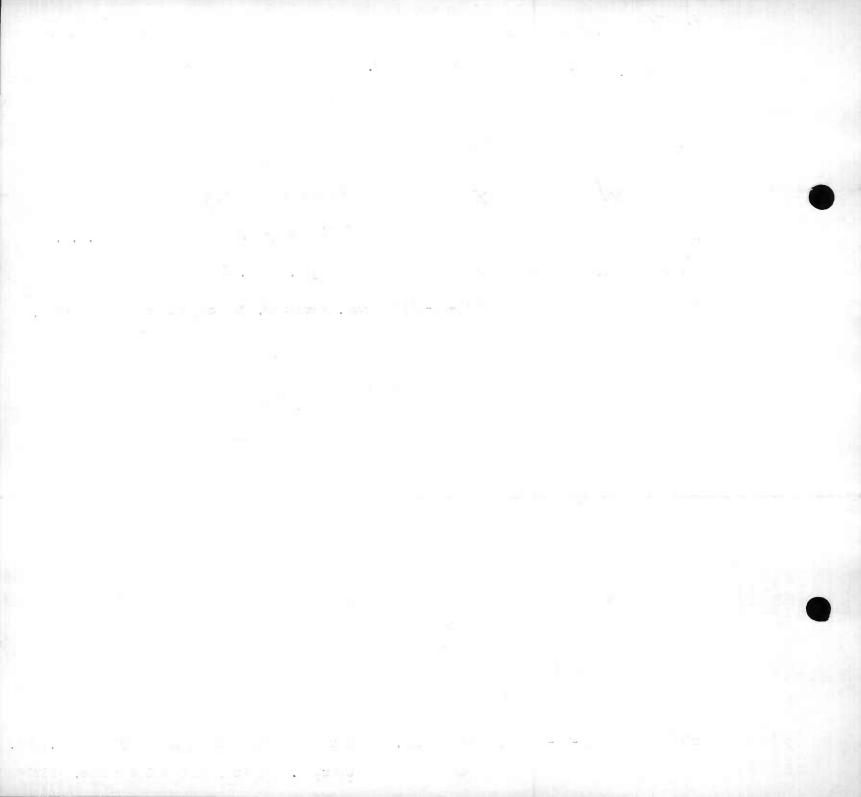
L164	TATE OF DEATH REG. NO. 70 10483
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) HELEN EBERLEIN	Oct. 22, 1970 1 4:45 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A, STATE B, COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 25-82 C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore YES NO
US Public Health Service Hospital 3100 Wyman Parkway	e. Street AND NUMBER 1014 Parksley Avd.
F W WIDOWED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST done during most of working life, even if refired) HOUSEWIFE	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR Pa. USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Fisher	XX Emma Robinson
S. Wos Deceosed Ever in U. S. Armed Forces? Yes,no or unknown} (If yes, give wor or doles of service) NO 16. SOCIAL SECURITY NO. 215-01-99	17. INFORMANT Mrs Eyelyn Daily, 1014 Parks ley A
118. / CAUSE OF DE	7-17
heort failuse, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse IA) stating the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A.AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
8/14/70 WAS PERFORMED Paliation to	
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.s	guin or obout 21C. WHERE DID (If In Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not W Work At We	
22. I certify that (1) (this hospital) attended the deceased fram	
that (1) (we) last saw the deceased alive an Oct. 22	19 70 and that in (my) (aur) apinian death accurred an the da
and have and from the causes stated above. (1) (We) (dld) (d/d/n6)	
	Attending Med. Shoff 2 238. DATE SIGNED 10/22/70
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Charles J. Wasserman, SA Surg (R)	
24C. NAME OF CEMETERY OF C	CREMATORY 24D. LOCATION (City, town, or county) (Stotel
Burial 10-26-1970 Loudon Park Cem	metery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
OCT 27 1970 Vaber E. Jacking M. O. O.	1 Howard H. Hubbard, 4107 Wilkens Ave. 2122



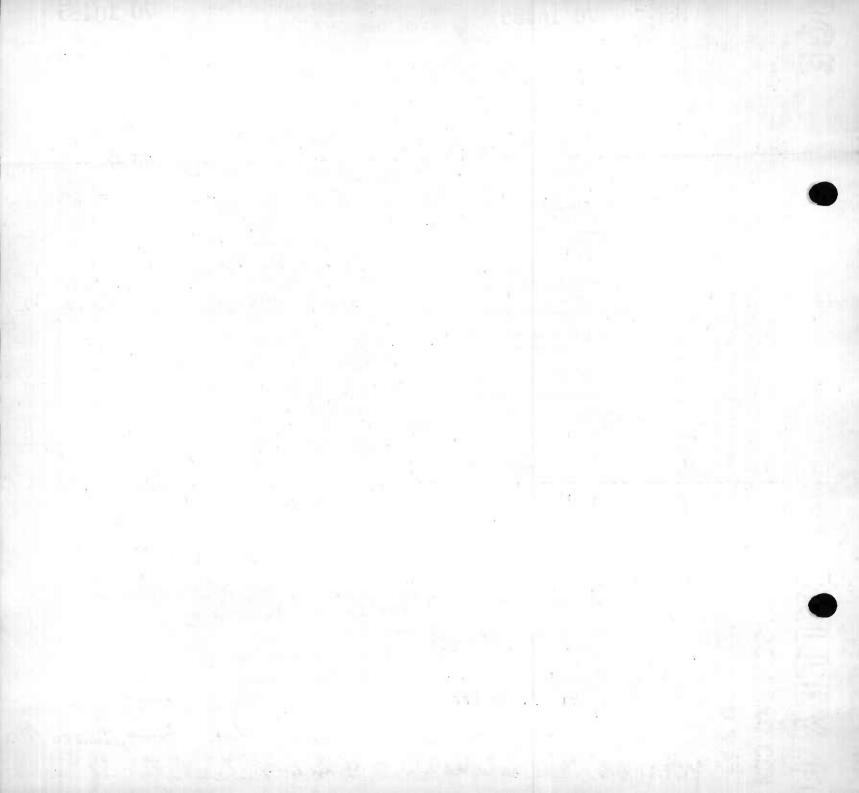
Such

	Y HEALTH DEPARTMENT
DIKIT NO.	ATE OF DEATH REG. NO. 70 10484
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
WILLIAM WAREAUTS, WHERE FROM DINGED DEAD	A. STATE & COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	MARYIANA 20-05
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
BON SECOUR HOSPITAL	E. STREET AND NUMBER
34	2685 DULANEY St.
5. SEX 6. RACE / 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs.
WIDOWED DIVORCED	8/18/01 last birthday) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or Loreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife	MARYLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Truck W Hagassa	N Tamos
15. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL	Bessie N. James
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	21061
NO 214-01-9214D	The state of the s
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	use Vilmman embre
	A CONSEQUENCE OF:
injury at camplication which caused death.)	1 11
ANTECEDENT CAUSES	al thrombon
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C) WYPE	Nemmie ardinage. disease.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. CONDITION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 17 (218. PLACE OF INJURY (ACC.)	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED
WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	In or about 21 C. WHERE DID (If In Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	office bidg., INJURY OCCUR?
O 21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not Whi	
22. I certify that (1)(this hospital) attended the deceased fram	10 5 19 To to 10 21 - 19 TD
that (1) (we) last saw the deceased alive an 10.20	7:
and haur and fram the causes stated abave. (1) (We) (did) (did nat)	3
23A. SIGNATURE	view the bady after death. 238. DATE SIGNED
(8) (AH	ending Med. Stoff C
23C. PHYSICIAN'S DEGREE Phy	23D. ADDRESS
NAME (Type) AE WALSH MO	222 St. YAUL
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 10~24~70 Glen Haven Mem.	Cemetery GlenBurnie, Anne Arundel Co., Md
0 0 0 0 0 0 0 0	Howard H. Hubbard, 4107 Wilkens Ave. 21229

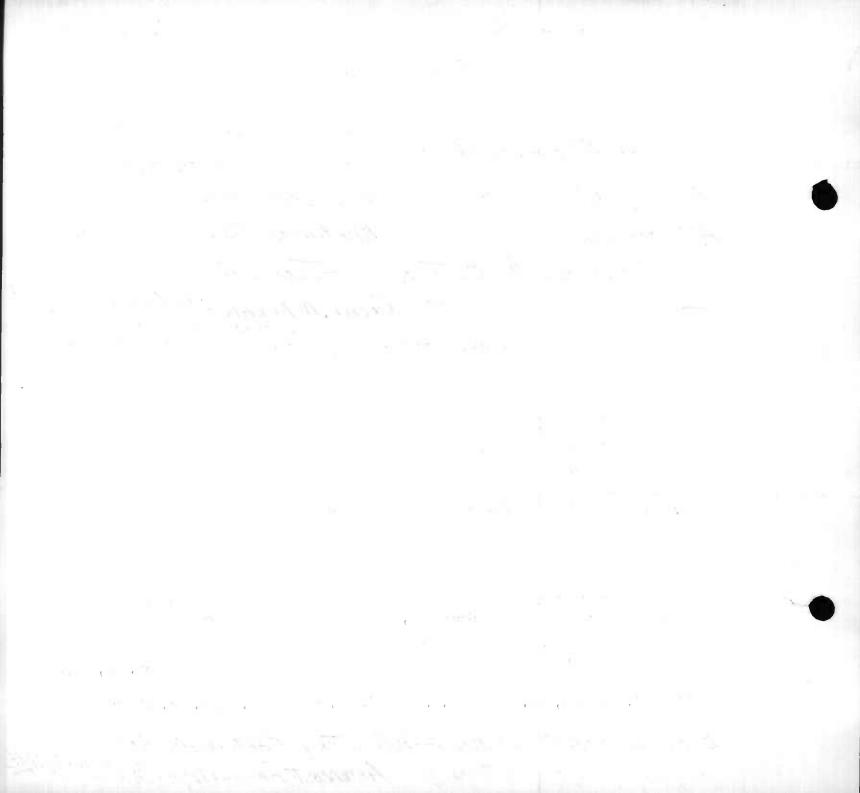
Howard H. Hubbard, 4107 Wilkens Ave.



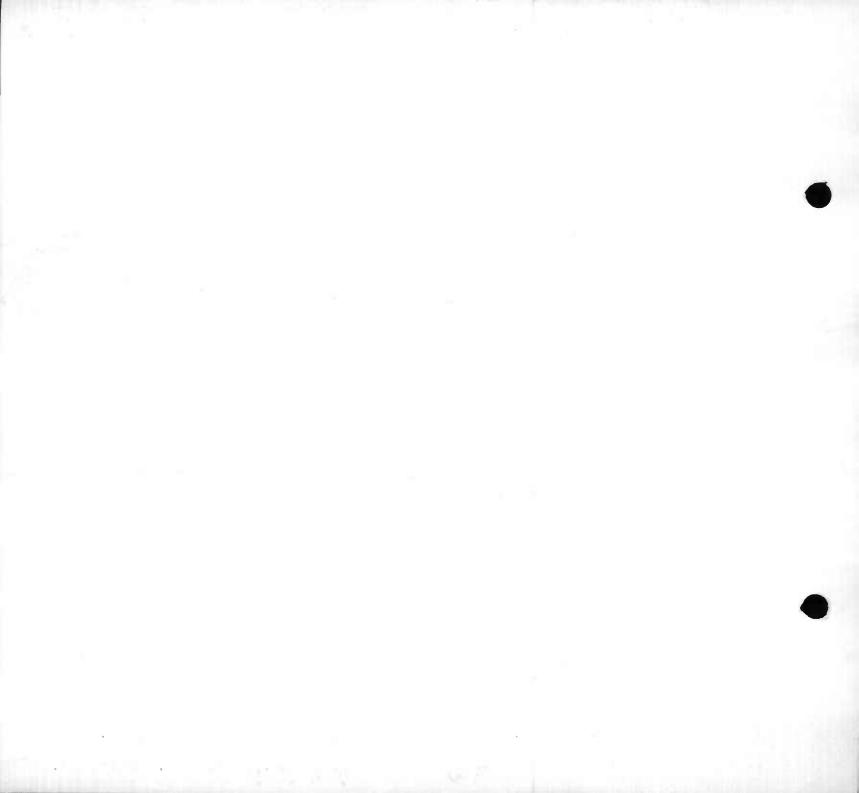
1	-n= '70 40405	BALTIMORE CITY	HEALTH DEPARTMENT	70 10425			
PIDTL	No. Jarlord (Mu	/ CERTIFICA	TE OF DEATH REG. NO	TO TOROS			
1. NA	ME OF DECEASED		2. DATE AND HOUR OF DEATH	T II AM			
(Type	TIMOTHY L	. JOHNSON	10-22-70	M.			
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. if A. STATE B. COUNTY	institution: residence before admission)			
FULL	NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	PA.	V-35			
HOS	PITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN D. IN:	SIDE CITY LIMITS?			
100		11	STATE COLLEGE	YES NO			
	JOHNS HOPKINS	HOSPITAL	E. STREET AND NUMBER	0 0			
			255 CORAL	STREET			
S. SE	A D	IED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	WIDOW WIDOW		3-8-68 2	7 14			
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	1/2, CITIZEN OF WHAT COUNTRY?			
done .	during most of working the, even it remody		MD,	USA			
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Davis PT	0.1	Town M Marita	MA = 12 (1			
15. W	os Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS			
(Yes,	no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	DAVIS D. T. Hugan	SCORAL SI			
		CAUSE OF BEAT	DAVID IL ADUNZON 21	AIE COLLEGE TA,			
1	B. 189,01	CAUSE OF DEATH	1	BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	pull	morna	In DAVE			
(This does not mean the made of dying,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	10 01113			
	heort foilure, asthenio, etc. It means the diser injury ar camplication which caused death.)	ose,	0 1 1-01 000				
	ANTECEDENT CAUSES	(Darn	as internal order	Chon I MONTH			
	DISEASES OR CONDITIONS, if any, give	(B) DUE TO OR AS	A CONSEQUENCE OF:				
1	rise la lhe obave couse (A) slaling	4	etabé Wiling bin	1 PM 10 mm			
	UNDERLYING CONDITION lost.	(c).	Sparic volums for	MON THS			
z	11						
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIT TO THE DEATH BUT NOT RELATED TO THE TERMIN						
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	E FINDINGS CONSIDERED			
ERTIFIC	WAS PERFORMED		VF 5 IN CERTIFYING C	AUSES OF DEATH?			
3 2 2	DR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID (If in Boltim	ore City, give exact location)			
4 6	DR CONTRIBUTING CAUSE OF CEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?				
U	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
3 0	OF INJURY	While At Not While					
	APPROX.)	Work L At Work					
2	22. I certify that My this haspital) attend		SEPT 28 19 70 to	OCTOBER 2219 10.			
t	hat (n) (we) last saw the deceased alive	an OCTOBER	22 19 70 and that in (aur) as	pinian death occurred an the date			
and haur and fram the causes stated abave. (1) (We) (did) (did) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shaff							
2	3A. SIGNATURE	. 0 11		23B. DATE SIGNED			
	Navis () 1	Atte Phy	nding Med. Staff Director Phys.	10-22-70			
2	3C. PHYSICIAM'S	DE GREE	23 D. ADDRESS				
	DAVID J. S	CHEFF	JOHUS HOPKIUS	HOSPITAL			
24A.	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI		City, town, or coupty) (Stote)			
B	REMOVAL (Specify)	Anna - 1 H.	11 (Su Hausens A	PORE HARES MIN			
25A.	DATE REC'D BY HEALTH DEPT. 258, NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	RACE MARFORD (11)			
234.	607/07/000 10h no 2	8 6 0 0 0	of Whyman MITH	Stourch G. M.			
	THE VICENCE CONTRACTOR LEGISLES AND IN 1889 A.	100 A	TILLARI WYCHEN III I DO DO DO DO	1 YOUT OF KINA PAINIT			



1	ENA	170	100	BALTIMORE CITY	HEALTH DEPARTMENT		Sec. on
_	TH NO.	/0]	10486	CERTIFICA	TE OF DEATH	REG. NO	70 10486
	AME OF DECEAS	Ross	ie Bo	to loo Roy	2. DATE AN	D HOUR OF DEATH	70
3. P	PLACE IN BALYIM	ORE MARYLAND, W		CED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admission
HO	LL NAME OF (IF NOT IN HOSPIYAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TOWN D. INSIDE CITY LIMITS?			
0		4 Moh.	AWK.	Ave	E. STREET AND NUMBER	Relative	YES Y NO
5. S	EX 6.	RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
		TION (Give kind of work ing life, even if retired)	108, KIND OF BU	SINESS OR INDUSTRY	11. 81RYHPLACE (State or forei	gn country)	12 CITIZEN OF WHAT COUNTS
3. 1	FATHER'S NAME			2	14. MOYHER'S MAIDEN NAA	AE .	
E 10		eorge_	M. E	Soteler	Johns	on	
Yes,	no or unknown) (If	er in U. S. Armed Ford yes, give wor or date:	s of service)	SECURITY NO.	17. INFORMANT	1001 11	Rolling GREET
	18. / 8 9	01		CAUSE OF DEATH	CORGE M NOU	HIV	A 11 APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Carcinoma of the uterus with metasteses (This does not mean the mode of dying, e.g., (A) MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:						
	injury or complication which caused death.)						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, II ony, giving DUE TO, OR AS A CONSEQUENCE OF:						
-1	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
읪	1994-DAYE OF OPERATION 1984 CONDITION FOR WHICH OPERATION WAS PERFORMED BLODSY				NO 20A AUYOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
. (21 A. ACCIDENT VOR CONTRIBUTIN DEATH (notify me	WAS UNDERLYING COMMON CAUSE OF CAUSE OF	218, PLA home, f	CE OF INJURY le.g., in orm, factory, street, off	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)
3 19	21D. TIME (M OF INJURY (APPROX.)	onth) (Doy) (Yeor)	(Hour) 21 E. fNJ White A Work	Not White	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (i) (NGC 164) attended the deceased from 19 55 to October 19 70						
- 1	that (1) 195) last saw the deceased alive on October 20. 1970 and that in (my) 2000 opinion death occurred on the date						
9	and hour and from the causes stated above. (i) (**) (did) (***) (did) (***) view the body after death.						
ľ	Wille	nd 1.190	lord	Atten Phys.	ding Med.	Staff D	Oct. 23, 1970
- 6	esc. PHYSICIAM'S NAME (Type) Millard T	. Traband,) 2	BD. ADDRESS L811 N. Rolling R		
	BURIAL CREMAT	TON 1248 DATE		of CEMETERY OF CREA			ity, town, or county) (Stote)
25A.	DAYE REC'D BY	10-26-7	258 NAME OF R	IN GARK (ometery BA	Himore	, Md
0	CT 27 197		Jaber M.		25C. FUNERAL DIRECTOR	leval (KAA	4- Ave -
1 2	50-REV- 1/1/68						



BALTIMORE CITY HEALTH DEPARTMENT	70 10407
BIRTH NO. 70 10487 CERTIFICATE OF DEATH	REG. NO. 70 10487
(Tues as Died)	ID HOUR OF DEATH
	5170 111.35 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (When A. STATE B. COUN	te deceased lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Caltimore	Maryland of 1-51
INSTITUTION C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Baltimore	YES NO NO
The Union Hemorial Hospital E. STREET AND NUMBER	1 1 11
5. SEX 16. RACE 17. MARRIED TAITURE MARRIED TO 8. DATE OF SIRTH	
MARKIED NEVER MARKIED	9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
Male White WIDOWED DIVORCED 4/20/x5x05	65
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or forei	ign country) 12 CITIZEN OF WHAT COUNTRY?
Retired Electrician Waryland	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NA	
John Roberts Ella Work	dres Moltone
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	AXXX Walters
(Yes, no or unknown) (If yes, give wor or dotes af service) SECURITY NO. Mrs. Ponths	Roherts
WIFE HODD	Biddison Lane Apt F. Balto. Hd. 212
CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A) IMMEDIATE CAUSE TWO WA	One day
heart failure, asthenia, etc. Il means the disease,	-
injury or complication which caused death.)	
ANTECEDENT CAUSES (B) Polmonary Emplyseu	na lo years
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (c) Chronic Obstructive Low	19's Disease " "
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIA TOTAL	(0.1101)
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 10 123 70 Cight Foot gangiene NO	208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2 10/23/70 Right foot gangrene NO	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID OR CONTRIBUTING CAUSE OF home, fortory, street, office bidg., INJURY OCCUR?	(If In Boltimore City, give exact location)
S DEATH (natify medical examiner) elc.	
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJ	URY OCCUR?
(APPROX.) While At Work At Work	
	1970 to Ostober 25 1970
	7 alleman 10 amendment of the Marian and an and an and an and an
that (1) (we) last saw the deceased alive on October 75 19 70 and the	at in (my) (our) apinian death accurred on the dote
and hour and from the causes stated above. (1) (We) (dld) (did nat) view the body after death.	
23A. SIGNATURE	23 B, DATE SIGNED
Ah.D. Attending Med. Director	Shoff Phys. 10 25 (70
23C, PHTSICIAN'S 23D, ADDRESS	
Guille BUA LIVED HIM 33rd. and Call	sert St. Balto. Hd. 21218
	OCATION (City, town, or county) (Stote)
Burial 10/28/70. Parkwood Cemetery	Baltimore, Md.
4	
25A, DATE REC'D BY HEALTH DEPT. 125R NAME OF REGISTRA'S 125C FILMERAL DIRECTOR	Annesss
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J.	Ruck, Inc. Balto. Md.



Druid Ridge Cem.

258. NAME OF REGISTRAR

Balto. Md.

25C. FUNERAL DIRECTOR

Leonard

ADDRESS

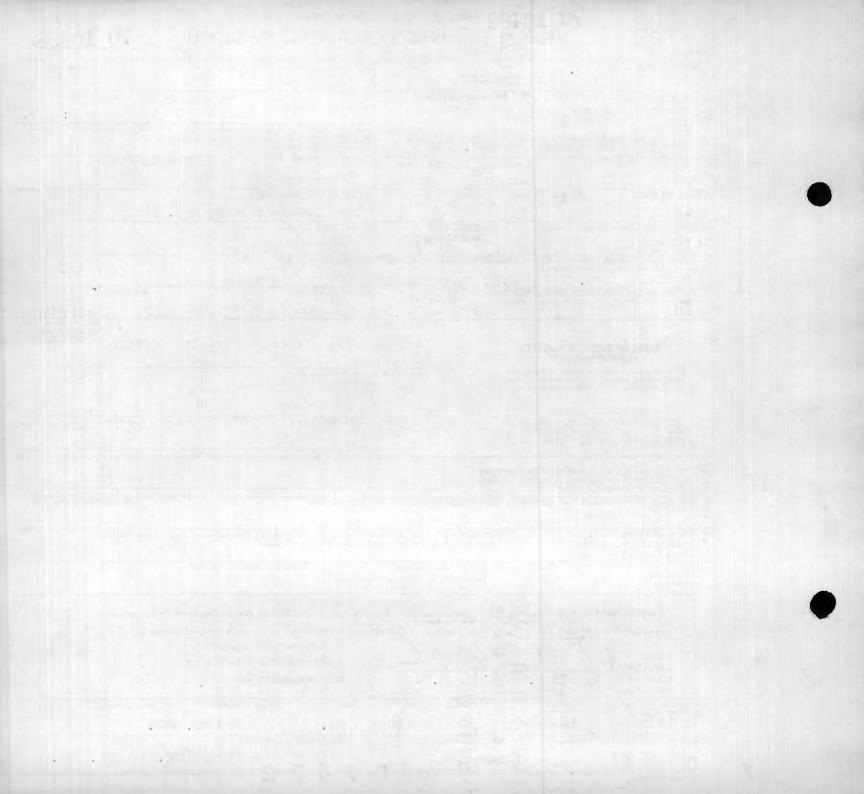
J Ruck Inc. Balto. Md. 2121

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

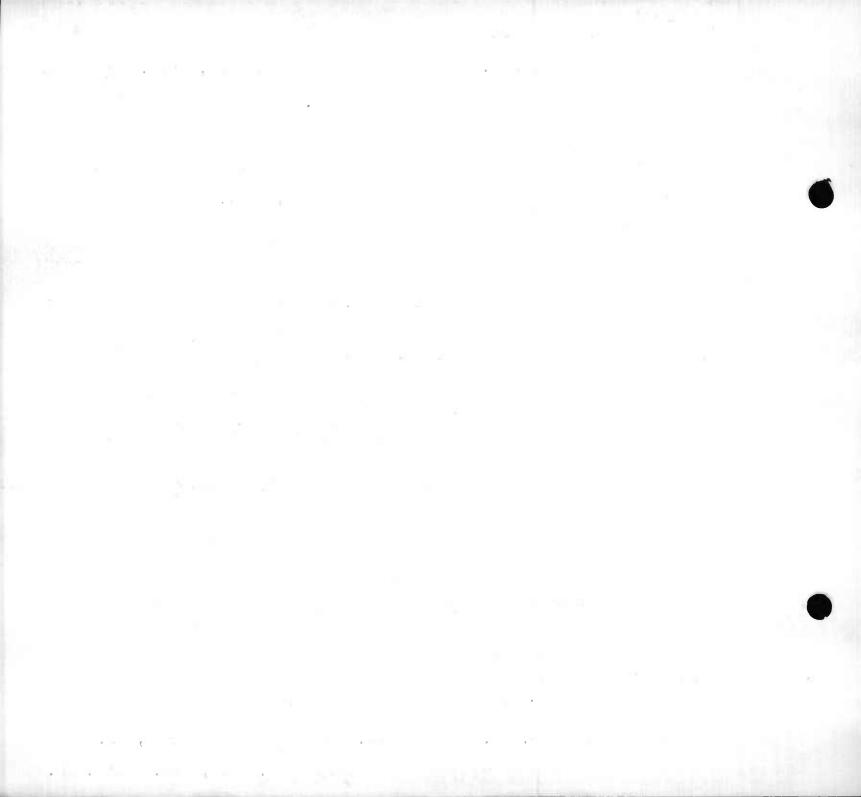
25A. DATE REC'D BY HEALTH DEPT.

19-26-70



FUNERAL DIRECTOR: IMPORTANT

M-460	mo 4	100		HEALTH DEPARTMEN	•	70 10489
BIRTH NO.	70 10	1489	CERTIFICA	TE OF DEATI	REG. NO.	11400
1. NAME OF DECEA					AND HOUR OF DEATH	
	MILD		MAULE	Oct	ober 25, 19'	70. 10:00 A N
3. PLACE IN BALTIF	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. SIAIE B. C.	Where deceased lived, If it	nstitution: residence before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.		4-01
INSTITUTION	ADDRESS OF TOCA	AIIONI		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	2000 073	W 1 12	,	Baltimor	e	YES NO
00	3802 Old	York R	oad 	E. STREET AND NUMBE		York Road
	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths; Days Haurs; Min.
Female	White	WIDOWED	DIVORCED [January 6,	1901 69	Mulins Days rights Mine
done during most of wo	ATION (Give kind af wark rking life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewi				Mar	yland	USA
13. FATHER'S NAME		l		14. MOTHER'S MAIDEN		1 0011
f		Arma	acost	-	-	
15. Was Deceased En	rer in U. S. Armed Ford f yes, give war or date		1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	s Jest Bise mat at gale	2 at service)	219_30_930d	Irs. Caroly	n Watts	(Same)
18, 7 5 0	0.1		CAUSE OF DEATH			APPROXIMATE INTERVAL
CThis does not head injury or compliance injury or contribution of contribution of injury of injury of injury	OR CONDITION DIE ADING TO DEATH mean the mode at the color which caused ITECEDENT CAUSES CONDITIONS, it above cause (A) CONDITION (ast.) ANT CONDITION S CONDITION (AST.) ANT CONDITION (AST.) PERATION 1998. CONDITION (AST.) WAS UNDERLYING (AST.)	dying, e.g., the disease, death.) any, giving stating the NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR V ORMED (Hour) 21E.	PLACE OF INJURY (e.g., in e. lorm, factory, street, off	21F. HOW DID) (If In Raittmor	SETWEEN ONSET AND DEATH CLUSTELD PINDINGS CONSIDERED USES OF DEATH? Clty, give exact location)
22. I certify the	at (I) (this hospital)	attended th	At Work	2)	19 64 to Co	al 1970
			((did) (did not) vi			death accorred on the date
236 HYSTCIANS NAME (Type	of W. M	intz	Atten DEGREE Phys.	ding Med. Director Director Director	Staff Phys.	23R DATE SIGNED /78
24A. BURIAL CREMA REMOVAL (Spec Burial	TION, 24B. DATE	24C.NA	ME of CEMETERY of CREA	MATORY 24D		y, town, or county) (State) re, Md.
25A. DATE REC'D BY		25B NAME O	F REGISTRAR	2SC. FUNERAL DIRECT	OR	Balto. Md.



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

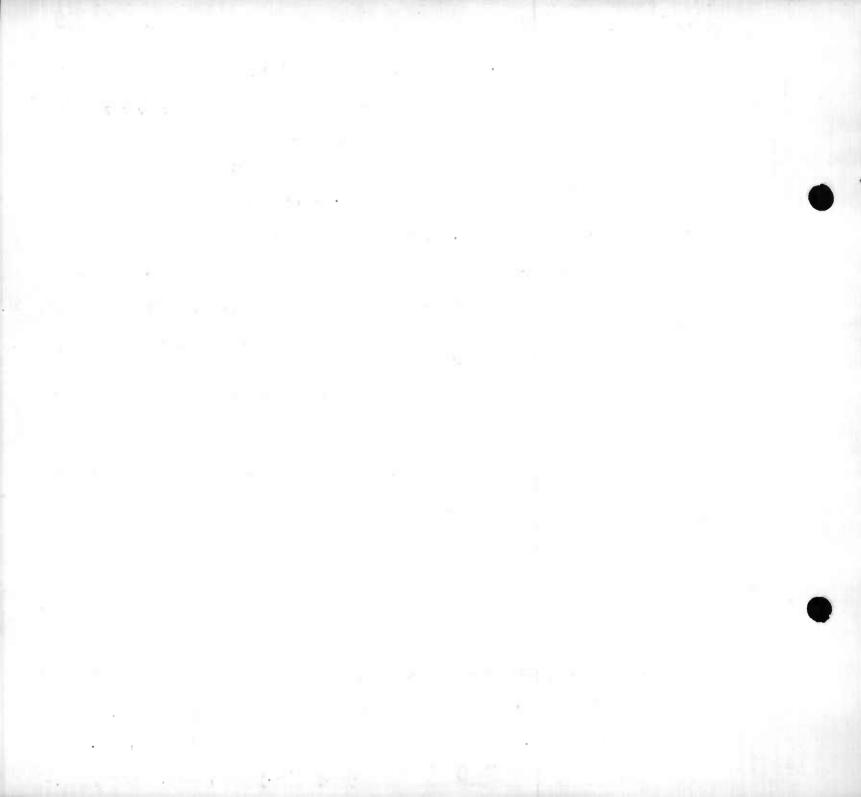
No [

USA

ADDRESS

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH

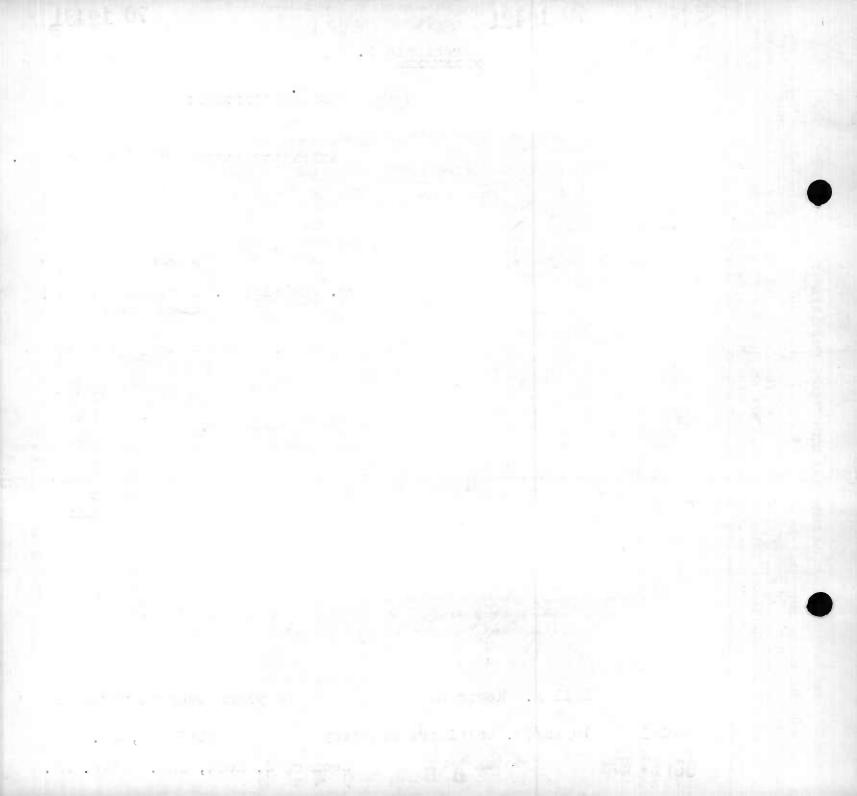


IMPORTANT

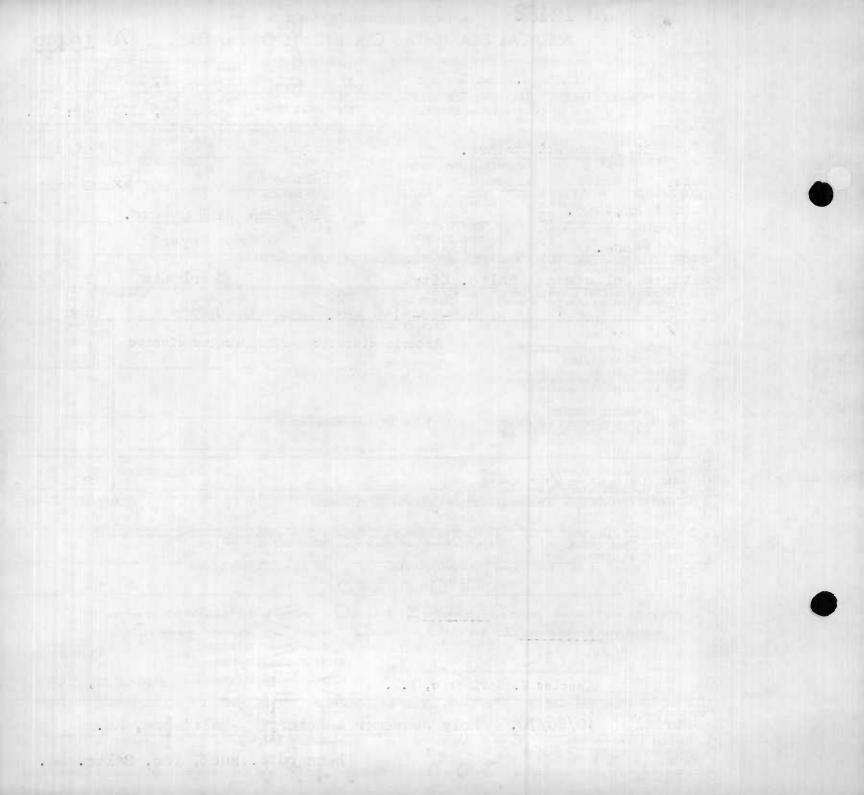
DIRECTOR:

FUNERAL

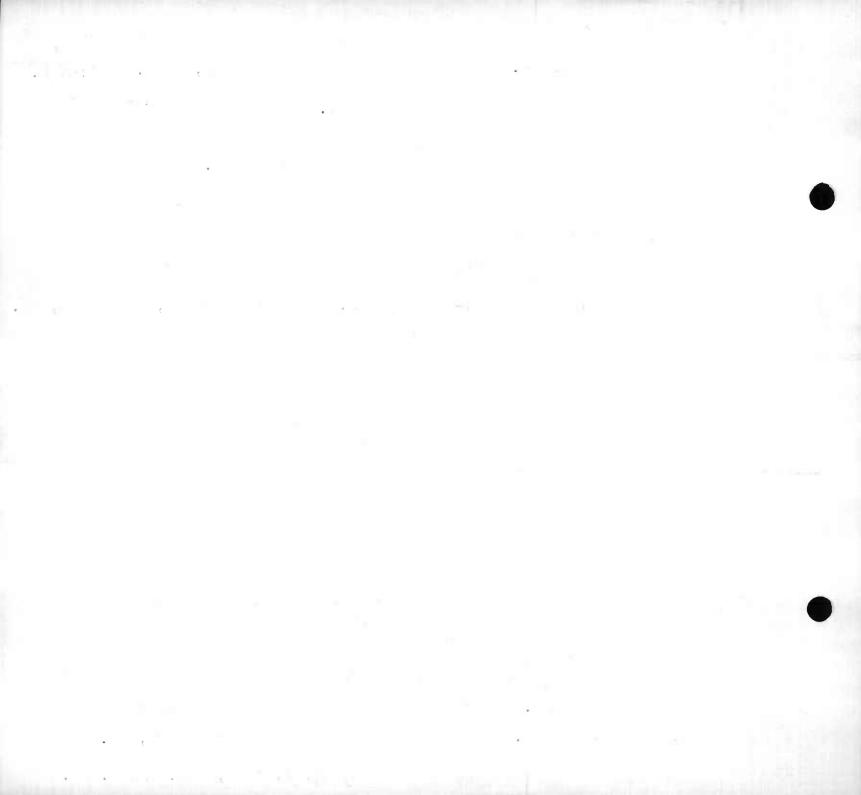
VS 150-REV. 1/1/65

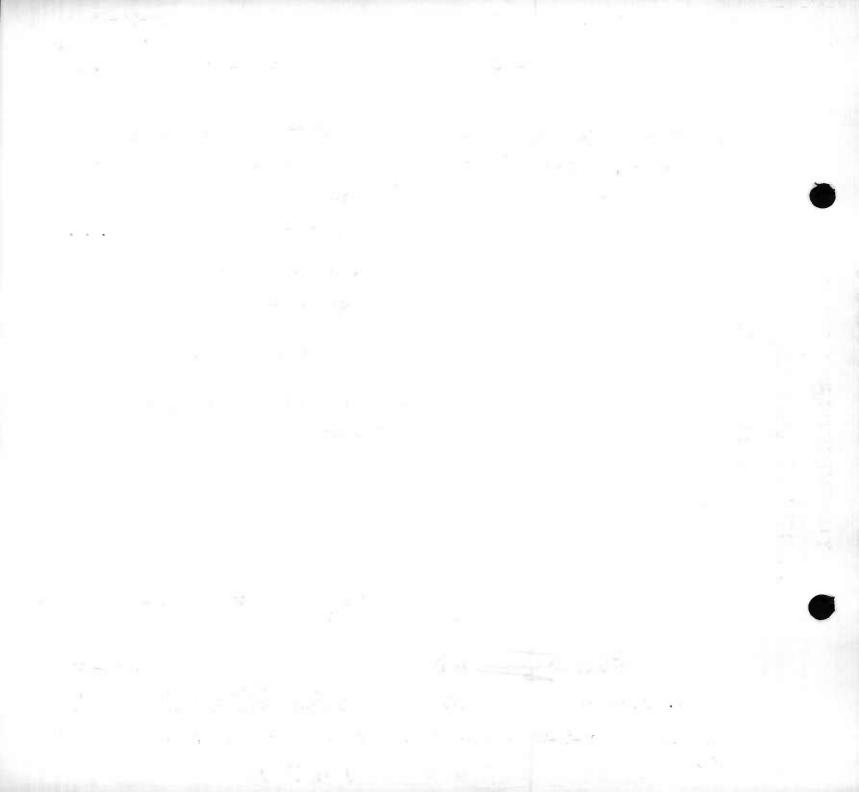


M-600	WEL			LTIMORE CITY HEALMINER'S C			DEATH	REG. NO.	70	10492
NAME OF DECEASE	GEORGE	W. M	ÆYEF	2	2. DATE OF DEATH	Known 🖾 Estimated 🗆	Month Octobe	r 22, 1	970	Hour M.
. PLACE IN BALTIMOR ULL NAME OF HOSPITAL	E, MARYLAND, I				3. DATE PRONOU	NCED DEAD		r 22, 1		10:30 A. _{M.}
	senton Hei	ights /	Ave.		A. STATE	sidence (where aryland	В	. COUNTY	27.	efore odmission)
. SEX 7. RA			252	EVER MARRIED	C. CITY OR	nown altimore		D. INSIDE CIT		
DATE OF BIRTH	hite	WIDOWE		DIVORCED L.		ND NUMBER		YE	s kck	ио 🗆
August 24,	189 Jasi birthd	ay) A		Days Hours Min.			. Uoich	ts Av		
1. BIRTHPLACE (Stole of	foreign country)		WHA	EN OF J COUNTRY?	13. FATHER		rge Me		•	
4A.USUAL OCCUPATIO	N (Give kind of work	14B. KIND		ISA INESS OR INDUSTRY	15. MOTHER	'S MAIDEN NAM	AE .			
one during most of working Retired Po	liceman	Bal	lto.	City			Char	clotte		?
6. WAS DECEASED EV	EDINIIS ADME	D FORCES?		SOCIAL SECURITY NO.	18. INFORM	ANT		AD	DRESS	
res	W W 1		21	9-28-5159		Josephi	ne Mey	rer		Same)
19. 4/2,4	1			CAUSE OF DEA		1.	4	1.	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	CONDITION DIRI	ECTLY		Arterios	cleroti	c cardiov	ascular	diseas	e	
(This does not med	NG TO DEATH	ying, e.g.,		(A) IMMEDIATE C	AUSE AS A CONSEQU	JENCE OF:				
heart foilure, asthe	nia, étc. It meons th on which coused de	e disease,		302.0, 5						
ANTECE	DENT CAUSES			/p\						
DISEASES OR CO		Y, GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:				
UNDERLYING CO	NOITION LAST.	into inc		(c)						
	11	-								
OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONI	MON GIVEN IN I	PART I (A)-								
20A. DATE OF OPER	ATION 20B. CO	NDITION F	OR WH	ICH OPERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
22A. EXTERNAL C	ALICE WAS	12:	28 DI A	CE OF INHIBY/o	to as about 7	C WHERE DID (II to Rollitmore	City also ave	t location)	No
UNDERLYING OF	CONTRIB-			CE OF INJURY(e.g., m, lactory, street, office					i rounon)	
22D. TIME (Month OF INJURY (APPROX.)) (Doy) (Yed		WHILE WOR	EAT HOT	WHILE []	F. HOW DID INJ	OURY OCCU	κ?		
23. I certify th	ot I held an	Inquiry [In	spection X Au	topsy 🗌	and that on th	is basis, d	leath In my	opinion	
resulted fr	om: Natural ca	uses X	Apple	dent Suicid	le 🗌 Ho	micide 🔲 🏻 l	JndetermIng	ed manner [
ACTUAL /	70 00	0),	TA		HIEF MEDICAL E				DATE SIGNED
SIGNATURE	Jan.	710	3_	7 ALM.D	•	TANT MEDICAL E	,			
EXAMINER'S NAME (Type)	Charle	s S. S	prin	gate, M.D.	ASSO	CIATE MEDICAL E	XAMINER L	→ Octol	per 22	1970
24A. BURIAL CREMATIC REMOVAL (Specify)	N, 248. DATE		24C. N	AME of CEMETERY	or CREMATO	RY 24D. I	LOCATION	(City, town	or county)	(State)
Burial	10/26,	/70.	Но	ly Redeem	ner Cer	netery	Balt	cimore	, Md.	
25A. DATE REC'D BY HE				REGISTRAR	25C. F	UNERAL DIRECTO			DRESS	
OCT 27 18	170 Haber	3 12, Jan	438g	484	Lec	nard J.	Ruck,	Inc.	Balt	o. Md.
C 161 DEM 1/2//0			7							

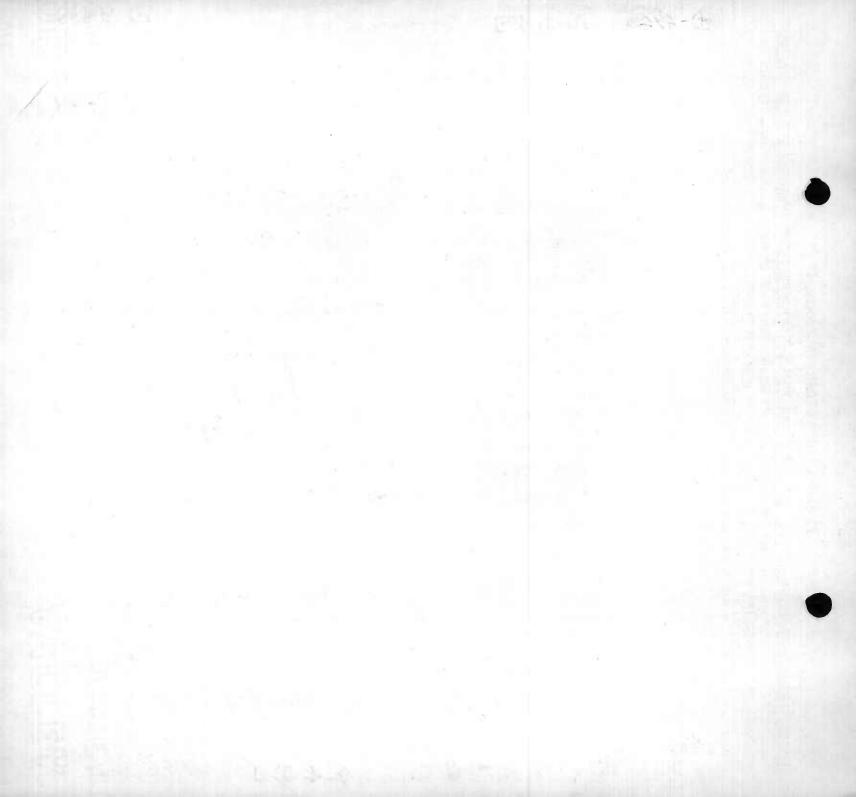


1	V-4/25	70 1	049	.7	HEALTH DEPARTMENT	REG. NO	70 10493			
	TH NO.			CLKTITICA						
	pe or Print)		J.	NELSON		ber 21, 19	70. 1 2.05 P			
3,	PLACE IN BALTI	MORE MARYLAND, W			4. USUAL RESIDENCE (WI	here deceased lived. If in	stilution: residence before admission)			
HC	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR IN	ISTITUTION, GIVE STREET	Md . c. CITY OR TOWN	Md. 27-78				
9	0	Long Green	Nur	sing Home	Baltimore E. STREET AND NUMBER 508 Harwoo	d Ave.	YES 🔀 NO 🗌			
	Male	White	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-30-95	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
t0A don	USUAL OCCUP to during most of we	ATION (Give kind of world orking life, even if retired)		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?			
		d Waiter	Res	sturant	Denmar	k	USA			
13.	FATHER'S NAM	?		Nelson	14. MOTHER'S MAIDEN N		nown			
15. (Ye:	Was Deceased E s, no of unknown) (ver in U. S. Armed For If yes, give wor or dote	ces?	1 6. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	Yes	W W 1 Arm	ıy	217-03-1786	Mrs. Margare	t Thornton	,Kensington, Md.			
CERTIFICATION	IThis does not heard failure, as injury as complete to the com	WAS PERF	dying, the dise death.) any, gi stoling NTRIBUTILE TERMIN I 1 (A). DITION FORMED	ving DUE TOTOR AS the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: DYAL 20A- AUTOPSY? (Yes or N	IN CERTIFYING CA				
CAL	DEATH (notity m	WAS UNDERLYING NG CAUSE OF		21 B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of elc.)	i of about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II In Boltimore	e City, give exoct locotion)			
ME	(APPROX)	Month) (Doy) (Yeot)	(Hour)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	9.1			
				ed the deceased from	MA I	19 /O_ta	19/0			
				(1) (We) (did) (did not) vi	ew the bady after death.		23B. DATE SIGNED			
	23C. PHYSICIAN NAME (Type	S William	G I		3D. ADDRESS		10-22-10			
24A	REMOVAL (See Burial	ATION, 124B, DATE	240	elfrich MD DEGREE C.NAME of CEMETERY OF CRE	MATORY 24D.	Roland Av LOCATION (Cit Baltimo:	y, town, or county) (State)			
	OCT 271	HEALTH DEPT.		AE OF REGISTRAR	25C. FUNERAL DIRECTO		Balto. Md.			

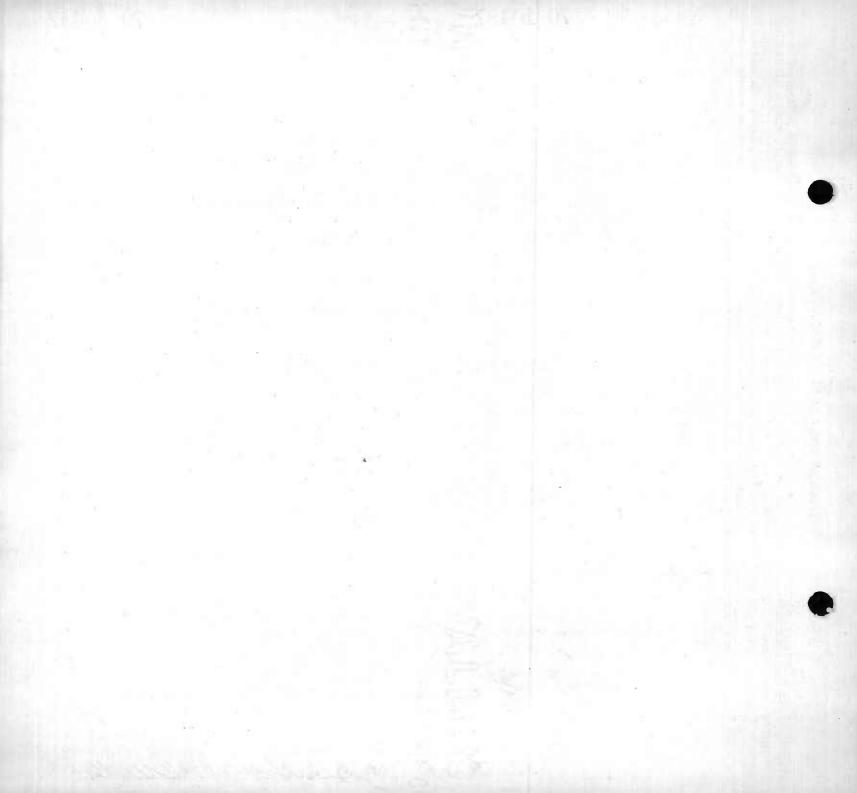




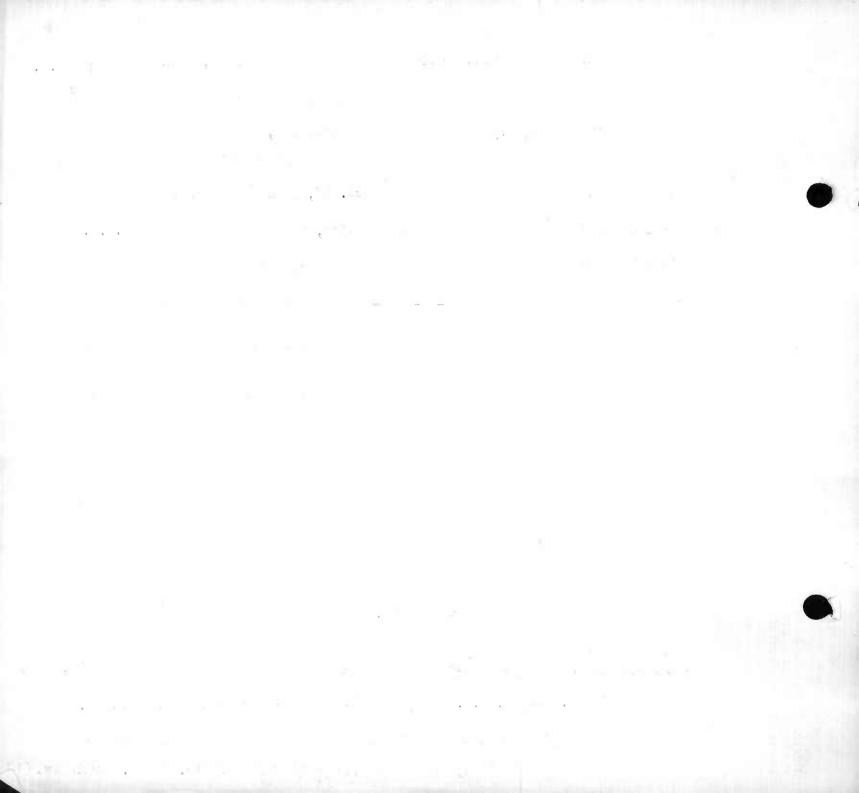
1	N and mo a second	BALTIMORE CITY	HEALTH DEPARTMENT		70 10/00
	0-6/6 70 10496	CERTIFICA	TE OF DEATH	REG. NO	70 18430
	IRTH NO. NAME OF DECEASED	CERTITION		D HOUR OF DEATH	
	ype or Print) DRIVER, Bessie	R.	10	24.70	6.45 A.M.
3	. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where A, STATE B. COUN		stitution: residence before odmission)
III F	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) NSTITUTION	STITUTION, GIVE STREET	md_ c. CITY OR TOWN	D. INSI	15-09
	'/		Baltimore	0. 11431	YES NO
XI	0. 11	1 .	E. STREET AND NUMBER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Lutheran Hosp, of m	aryland	4007 Forest		21267
	SEX 6. RACE 7. MARR	NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
n L	emale Negro WIDOV		12-5-95	74	
110	OA, USUAL OCCUPATION (Give kind of work 10B, KINI one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Suipires-		Mmy Ones	1	1184
113	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	MAZZ
1	1. 6.		A. A.		
	uminow	1. /	unk	nou	
	S. Wos Deceased Ever in U. S. Armed Forces? 'es,no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	71.	ADDRESS
CY	m	212-22-3418	Lavere K	10 kmoln	De Sauce
	18. 4/19	CAUSE OF DEATH	1 Overance 14	a mercy	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
3	LEADING TO DEATH	(A)IMMEDIATE CAU	" Klophixa	tory and	
	(This does not mean the made of dying,	e.g., DIJE TO OR AS	CONSEQUENCE OF:	2001 7 0000	
3	heort foilure, asthenia, etc. It means the dise injury or camplication which coused death.)	ose,	Ca B:	100	
	ANTECEDENT CAUSES		Canonae	+ authory	ρ,
	DISEASES OR CONDITIONS, if any, give	ving DUE TO, OR AS	A CONSEQUENCE OF:	, , , , , , , , , , , , , , , , , , ,	
5	rise to the obave cause (A) stoling	the S	1. 010000	NALACOV	ก
	UNDERLYING CONDITION last.	(c)().h	en olonge	141 13C	<i>D</i>
	, II		V		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
				1	
Oldina.	2 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	10 CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF tNJURY (e.g., in home, form, foctory, street, of etc.)		(If In Boltimore	e City, give exact location)
11.3	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)	While At Not While			
		Work At Work		-	
	22. I certify that (I) (this haspital) attended	ed the deceased fram(_	0 1/8 1	970 to 10	-24. 1970.
3	that (1) (we) last saw the deceased alive	an 10 oller	19) and the	at in(my) (aur) apli	nian death accurred an the date
	and haur and fram the causes stated abave	e. (1) (We) (did) (did nat) v	iew the bady after death.		
2	23A. SIGNATURE	- ^			23 B, DATE SIGNED
	The A	- V Dh	nding Med.	Staff Phys.	10.00000
	23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	rnys, A	10 24 .0.
2	PARTICIAN'S NAME (Type)	1. MA	1 15TH - DAN de	STOIDAT RA	ALTO.16: MD.
7	DK 1 181181151	DEGREE	TO HEROMIN ALC	181,71118	
- 11	REMOVAL (Specify) 248. DATE 240	C. NAME of CEMETERY OF CRE	MAIORY 24D. LC	OCATION A A CON	ly, town, or county) (Stote)
	Burial 11124711	Whiles	Pel l	Mulles	2 //2/
2:	SA. DATE REC'D BY HEALTH DERT. 258. NA	ME OF REGISTRAR	250 PUNERAL DIRECTOR	0 511	ADDRESS
	DCT 27 19/1 Vale of Engla	was a second	on & porse	0.011	ser stat)
	5 150-REV. 1/1/6B		4		7/1



VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68



VS 151-REV. 3/1/68

11/6/70 - Letter from M.E.O. 16 C.

5-4/2 70 1050	BALTIMORE CITY	Y HEALTH DEPARTMENT	/ REG. NO.	0 10500
BIRTH NO.	CERTIFICA	TE OF DEATH	\	
1. NAME OF DECEASED (Type or Print)	011000		HOUR OF DEATH	, _
(Type or Print) SIL VESTZI,	Jaure Rosi	4RIA 10-21		16:30 Am M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	DNOUNCED DEAD	4. USUAL RESIDENCE (Where d	eceosed lived. If institution	residence before admission
FULL NAME OF (IF NOT IN HOSMTAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAN	o Balta C	53-00
INSTITUTION		C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
junitersity Ho	Spital.	OVERLEA	YES	П оо ⊠
DO OIL	2010.1	E. STREET AND NUMBER		- 44.7
Baltimore, MARyla	and 21201	1 7519 BELAI	R RUAD.	
5. SEX 6. RACE 7. MARE	RIED RINEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years If Un	der 1 Yr If Under 24 Hrs.
FEMALE WHITE WIDOW		MAK 5 1916	1444	Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign	country 12. C	TIZEN OF WHAT COUNTRY
done during most of working life, even if refired) HOUSE WIFE		BALTIMORE	70	
13. FATHER'S NAME			70	USA.
		14. MOTHER'S MAIDEN NAME		
SALVATORE GUGLI	UZZA	CONCETTA	SA BATIN	0
 Wos Deceosed Ever in U. S. Armed Farces? Yes, no ar unknawn) III yes, give war ar dates of servi 	1 6. SOCIAL	17- INFORMANT		ADDRESS
NO -	SECURITY NO.	TACK SILVESTR	1 7510 Pr	CAIR DA
18.	CAUSE OF DEAT		1 7377 68	
DISEASE OR CONDITION DIRECTLY			0	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
LEADING TO DEATH		Heatha	· Cuas	
(This does not mean the mode of dying,	e.g., (A)IMMEDIATE CAL	ISE Heart (a.)	xull	
heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)	ase,			
ANTECEDENT CAUSES	01	matic heart	1. (0000	
	(R)		ngeora	
DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating	ring DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	(c)			
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998. CONDITION FINANCIAL PROPERTY OF THE PROPERTY OF	************	***********************		
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	B. IF YES, WERE FINDING	S CONSIDERED
10-23- 70 WAS PERFORMED	mutic Heart dil	Cere no IN	CERTIFYING CAUSES OF	F DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Baltimore City, g	ive exact incation)
	home, form, factory, street, of	lice bidg., INJURY OCCUR?		,
	21E INJURY OCCURRED	215 HOW DID WHILE		
S OF IMJURI	While At Not While	21F. HOW DID INJURY	OCCUR?	
(APPROX)	AAOIK - AI AAOIK			
22. I certify that (I) (this haspital) attende	ed the deceased from 1/2	- /9 19 5	10 10- 99	19 79
that (I) (we) last saw the deceased alive o	on 6A.M. 10=2	4 19 70 and that Ir	(my) (gur) aninian de	ath accurred on the date
and haur and fram the causes stated abave		law she hady after donet	,,,,,, (,, -p	and deconted oil the data
23A. SIGNATURE	An in	iew the body after death.	228 D	ATE SIGNED
Rostam Foldin	AHo	nding Med. Staff	236.07	0 // 7
23C. PHYSICIAN'S	DEGREE Phys	. Director Phys.	.12	-24- 10
NAME (Type)	M.D.	3D. ADDRESS Univer	Sity GOSP	ital
I KOSTAM - FAILD.	OECOSE!	Baltimore M	ery Tand	1201
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME OF CEMETERY OF CRE	MATORY 24D. LOCA	ION (City, town,	or countyl (Stole)
BURIAL OCT 27 1970	PARK WOOD	CEMETERY TAY	OR AVE B	ALTO MO
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	TIIN DE	/ Habitaneed 11 to h
OCT 27 1970 Robert E. Jak.	7.00000	DIFFEBBAS N	NC IFAN E	MARADACT
VS 150-REV. 1/1/68	as The	WILLE O DELLING	10 1000 E X	0.113174031
	and the contract of the contra			

